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Public Health



Gloucestershire County Council

# Annual Report

OF THE  
COUNTY MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1964

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GEO. F. BRAMLEY

*County Medical Officer of Health*



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Health Department,  
Berkeley Chambers,  
Berkeley Street,  
Gloucester.

May, 1964.

*To the Chairman and Members of  
the Health Committee.*

MADAM, LADIES AND GENTLEMEN,

In 1964 there were population increases in all the Sanitary Districts except Nailsworth, East Dean and North Cotswold. There were large increases in the areas bordering on Bristol, Cheltenham and Gloucester. The growth in the latter areas is due to new residents from other parts of the country in addition to high birth rates. There is little or no Commonwealth immigration.

There were over 300 more births in Gloucestershire than ever before. The extra births occurred in hospitals which had no more beds, so early discharge from hospital, where the home conditions were suitable, was necessary. We have co-operated with the maternity hospitals as before in informing them about the suitability of the home and by the domiciliary midwives taking over the maternity nursing in the home. The midwives have, therefore, been associated with most of the babies born to County residents. There was a continued shortage of domiciliary midwives but this has been met by vacant areas being covered by neighbouring colleagues and by the appointment of married midwives prepared to give part-time help.

Five hundred and eighty-one of the births were illegitimate. This is the highest total recorded in the County since 1945. A number of these births was to very young mothers but the majority were to girls aged between 17 and 21. Although many parts of the country have higher rates of illegitimacy than Gloucestershire, the position cannot be viewed with complacency. The Standing Conference on Family Relationships, which the Committee supports, was set up to meet this problem of the present time. The Education Committee also supports the efforts of the Standing Conference and in most of the schools teaching is being established which should help to combat what can only be considered to be moral backsliding. For several years our care of the unmarried expectant mother has been so good that judged by maternity and child care standards we have ensured not only a safe confinement but good infant care. Last year, however, more babies of these mothers died in proportion to the total infant deaths.

Total infant deaths were no more in 1964 and the infantile mortality rate was lower than ever. The still birth rate was almost the same as last year, so that the perinatal mortality rate was lower. All this means that babies born in Gloucestershire in 1964 had the best chance of a safe delivery and survival up to the age of one year than in any other previous year in history.

The death rate was lower than in previous years, due mainly to fewer deaths following strokes, pneumonia and bronchitis. The number of deaths from lung cancer increased by 31 to 229—more than half before the age of 65.

Cancer of the womb (the great majority being of the cervix) accounted for 41 deaths. During the year practically all women's organisations in the County made enquiries about arrangements for special examinations. These could not be begun on any scale until the Hospital Service could train technicians in the special skills required to examine specimens. These facilities will not be available throughout the County until late in 1965.

The number of new cases of pulmonary tuberculosis was again less than previous years and the number of deaths from the disease was only 12. The fight against tuberculosis is not yet finished but each new case can now be followed up with a view to detecting the originating case in order to prevent others. Unfortunately there is not yet full co-operation by the family contacts, probably due to complacency—  
“It can't be me!”



The Committee's educational ante-natal and mothercraft provisions have expanded as have child welfare centres. The work in the latter is changing with changing needs. Medical treatment has not been necessary since 1948, infant feeding methods have changed and emphasis is on different aspects of child care. Vaccination and immunisation make up a large proportion of the work and more attention is paid to physical and mental development resulting from increased knowledge affecting cause and early preventive measures.

The incidence of infectious diseases was low. By the end of the year protection had been given to approximately 80 per cent of the child population against poliomyelitis. There is still too much apathy about seeking immunisation or vaccination against diphtheria, whooping cough, tuberculosis and particularly against smallpox. Unless these active methods of protection have been given to a very high percentage of children we are not safe from epidemic recurrence. Panic would ensue, such as we have seen twice in recent years, with great clamour for protection even with limited outbreaks. To postpone protection often means to forget until it might be too late.

By the end of the year every child up to the age of 8 should have had the opportunity of being protected against tetanus.

The Ambulance Service carried more patients but a large part of the increase was conveyance of trainees to the Training Centres for the subnormal. A second Adult Training Centre was opened. This was at Downend so that the South of the County now has both a Junior and Senior Training Centre. An additional Centre at Thornbury is planned which should fill the need for the southern area for several years. A new building was opened at Stonehouse as a combined Centre for Juniors and Seniors to replace grossly inadequate accommodation in rented premises. There was an increase in the number of mental welfare officers as part of the extension of this service to meet the County's responsibilities in community mental care. This service is only partly developed but as buildings and staff become available, a better future for those with mental disorder will be ensured.

The same remark applies to the physically handicapped and the deaf.

The care of the blind has been accepted as a community responsibility for nearly half a century and apart from residential home accommodation is pretty well met. The Register of Blind Persons continues to grow but so does the number of old persons. Some rethinking about the registration of the blind is, in my opinion, a matter of urgency. Our register grows because of the aged with blindness who become newly registrable. Loss of vision occurs with some old people as loss of hearing, mobility, memory, etc., with others. The question is "Should we continue to register after the age of 75 or 80." These old folk need general welfare services which can be given through general social workers, but they do not benefit by the highly specialised services of a home teacher of the blind. Schemes for the care of the blind under the National Assistance Act are only approved by the Ministry of Health if the County Council agrees to employ a number of home teachers in a ratio fixed to the number of registered blind persons. This is no longer realistic.

Throughout the year we were continually short of professionally qualified staff of every description employed in the health services, so that some officers had to cover large areas and some services could not be developed. All pressing demands were met and there was steady advance and expansion in all sections. I am indebted to every member of the staff for their hard work and assistance. We are grateful to a number of voluntary bodies and their members for their unfailing help.

I am grateful for the continued encouragement of the Committee and Council and the help of the staff of other departments.

I have the honour to be,

Your obedient Servant,

GEO. F. BRAMLEY,

*County Medical Officer of Health.*

## STAFF

as at 31st December, 1964

County Medical Officer of Health and Principal School Medical Officer	....	....	....	G. F. Bramley, M.D., D.P.H.
Deputy County Medical Officer of Health and Deputy Principal School Medical Officer	....	....	....	W. Davidson-Lamb, M.C., M.B., Ch.B., D.P.H.
Senior Medical Officer, Maternity and Child Welfare	....	....	....	Mary P. S. Seacome, M.A., B.M., B.Ch.
Senior Medical Officer, School Health Service	....	....	....	B. Nicholson, M.B., Ch.B., D.T.M. & Hy., D.P.H.
Senior Assistant County Medical Officer of Health and School Medical Officer	....	....	....	M. J. Gryspeerdt, M.B., B.S., D.P.H.
Divisional Medical Officers of Health	....	....	....	R. F. Barclay, M.B., B.S., D.P.H.
(also District Medical Officers of Health)	....	....	....	R. E. A. S. Hansen, M.A., M.B., B.Ch., D.P.H.
				A. T. Hunt, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
				S. Knight, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
				W. A. Knox, M.B., B.Ch., B.A.O., D.P.H.
Assistant Medical Officers of Health and School Medical Officers	....	....	....	Katherine E. M. Allen, M.A., M.R.C.S., L.R.C.P.
				S. C. Buck, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.P.H.
				D. M. Hughes, M.R.C.S., L.R.C.P.
				H. L. Kinman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.
				J. Dennis, M.B., B.S., M.R.C.P., L.R.C.S.
				Mary E. Walters, B.Sc., M.R.C.S., L.R.C.P.
				M. B. Pepper, M.B., B.S.
				M. H. Ryder, M.R.C.S., L.R.C.P., D.P.H.
				Kathleen Lindesay, M.B., B.S.
				Elsbeth M. Feilden, M.B., B.S.
				Cathrine E. Hignell, M.R.C.S., L.R.C.P.
				Rachel E. W. Sillett, M.D., D.P.H.
				Edna M. Dunn, M.R.C.S., L.R.C.P.
Chest Physicians (part-time)	....	....	....	F. J. D. Knights, M.D., M.R.C.P.
				R. A. Craig, M.D., M.R.C.P.
Principal Dental Officer	....	....	....	J. F. A. Smyth, L.D.S.
Area Dental Officers	....	....	....	L. Jones, B.D.S.
				J. P. B. Pengelly, L.D.S.
Orthodontists	....	....	....	G. D. Everard, L.D.S.
				Mrs J. M. Popplewell, L.D.S. (part-time)
Dental Officers	....	....	....	Miss J. Bangert, L.D.S.
				A. C. Bloomfield, L.D.S.
				Mrs M. E. Bell, L.D.S. (part-time)
				W. M. Evans, B.D.S. (part-time)
				D. N. de Gruyther, L.D.S.
				W. M. Ellis, L.D.S.
				R. D. Jefferies, L.D.S.
				N. Killingback, B.D.S. (part-time)
				T. A. T. Kolb, B.D.S. (part-time)
				Mrs J. Lawrence, B.D.S.

} Temporary

Dental Officers (cont.)	....	..	....	....	Mrs I. M. Leach, L.D.S. (part-time) Mrs M. J. Leech, L.D.S. J. A. Macphail (part-time) R. R. Merritt-Hawkes, L.D.S. Mrs B. Pitter, B.D.S. Mrs D. W. Squires, L.D.S. W. H. Stratford, L.D.S. D. A. Thomas, L.D.S. G. N. Willetts, L.D.S.
Dental Auxiliaries	....	....	....	....	Miss A. Abadee Miss M. Hart Miss P. Simpson
Dental Health Education Officer	....	....	....	....	Mrs H. B. Iliffe
Dental Surgery Assistants	....	....	....	....	32 (equivalent of 23.1 full time)
County Dental Laboratory :					
Senior Technician-in-Charge	....	....	....	....	D. W. Hopkins
Senior Technicians	....	....	....	....	5
Dental Technician	....	....	....	....	1
Apprentice	....	....	....	....	1
Superintendent Health Visitor	....	....	....	....	Miss E. K. N. Cumming
Deputy Superintendent Health Visitor	....	....	....	....	Miss G. E. Brocklebank
Health Visitors	....	....	....	....	78 in number
Health Visitor Tutor	....	....	....	....	Miss R. Atkinson
County Nursing Association :					
Secretary	....	....	....	....	R. C. Brain
Superintendent	....	....	....	....	Miss M. A. Bach
Assistant Superintendents	....	....	....	....	Miss C. M. Allison Miss C. E. Brownhill Miss P. A. Hicks 138 District Nurse/Midwives 9 part-time
Orthopaedic After-Care Sisters	....	....	....	....	Mrs M. G. Brancher Miss E. M. Hunter Miss N. Long 1 vacancy
Mental Health Home Teacher	....	....	....	....	Mrs E. M. Barnes
Senior Mental Welfare Officers	....	....	....	....	D. S. Bayliss F. R. Dickinson R. T. Ireland D. W. Parker A. E. Poyser
Mental Welfare Officers	....	....	....	....	A. J. Bracher D. R. Clark A. G. Corlett J. M. Hinton T. Keeling L. D. Mann T. W. Moorhouse T. W. Murden N. J. Trigg



Mental Welfare Officers (cont.)	....	....	E. Wentworth F. L. Wintle	} part-time
Supervisors of Training Centres	....	....	7 in number	
Assistant Supervisors of Training Centres	....	....	31 in number	
<del>Dental Surgery Assistants</del>	<del>....</del>	<del>....</del>	<del>26 (equivalent of 17.4 whole time)</del>	
County Public Health Officer	....	....	R. H. Craig, M.I.P.H.E., M.R.S.H., M.R.I.P.H.H., M.A.P.H.I.	
Assistant County Public Health Officer	....	....	L. G. Normam, S.R.N., M.A.P.H.I.	
County Ambulance Officer	....	....	W. C. Virgo, O.B.E., F.I.A.O.	
Health Education Officer	....	....	Miss F. E. Fortnam	
County Home Help Organiser	....	....	Mrs H. K. Paine	
Area Home Help Organisers	....	....	14 in number	
Social Welfare Officers—Blind	....	....	Miss J. E. Alsop	
Deaf	....	....	Miss E. D. Galbraith	
Physically Handicapped	....	....	Mrs D. M. Parsons	
Welfare Assistants	....	....	7 in number	
Home Teachers for the Blind	....	....	6 in number	
Occupational Therapists	....	....	Miss I. M. Stewart Miss H. Thomas Miss H. Verschoyle Miss M. D. Warren Mrs P. Williams Miss R. K. Hawkins (part-time)	
Chief Chiropodist	....	....	D. E. Boden	
Senior Chiropodists	....	....	K. Ames A. Crawford J. Crawford Miss P. M. Jackson Miss E. Murphy H. S. Robertson	
Part-time Chiropodists	....	....	5 in number	
Administrative Officer	....	....	A. Hudson	
Senior Administrative Assistants	....	....	F. H. Livesey, D.P.A. A. F. Poyser F. B. Wilton	

## DELEGATED AUTHORITY—BOROUGH OF CHELTENHAM

Medical Officer of Health	....	....	T. O. P. D. Lawson, M.D., D.P.H., D.R.C.O.G.
Deputy Medical Officer of Health	....	....	D. B. Hill, M.B., L.R.C.P., D.P.H.
Area Dental Officer	....	....	P. B. Stone, L.D.S.
Dental Officers	....	....	Miss K. A. Goldberg, L.D.S. A. W. McCarthy, L.D.S.
Dental Hygienist	....	....	Miss R. Wilson
Health Visitors	....	....	11 in number
Senior Mental Welfare Officer	....	....	G. H. Watts
Assistant Home Help Organisers	....	....	2
Home Teacher for the Blind	....	....	1
Welfare Assistants	....	....	2



Rate per 1,000 population	....	....	....	....	....	....	....	....	19.48
Illegitimate live births per cent of total live births				....	....	....	....	....	5.47
Still-births	....	....	....	....	....	....	....	....	124
Rate per 1,000 total live and still-births				....	....	....	....	....	11.87
Total live and still-births	....	....	....	....	....	....	....	....	10,450
Infant deaths (deaths under 1 year)			....	....	....	....	....	....	176
Infant mortality rates									
Total infant deaths per 1,000 total live births				....	....	....	....	....	17.04
Legitimate infant deaths per 1,000 legitimate live births					....	....	....	....	16.19
Illegitimate infant deaths per 1,000 illegitimate live births				....		....	....	....	31.86
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)							....	....	11.91
Early Neo-natal mortality rate (deaths under 1 week per 1,000 total live births)								....	10.17
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and still births)			....	....	....	....	....	....	21.91
Maternal mortality (including abortion)									
Number of deaths	....	....	....	....	....	....	....	....	2
Rate per 1,000 total live and still births				....	....	....	....	....	0.19

## 1. Live Birth Rate

The Birth Rate for the year 1964 was 19.48 per 1,000 of the population, compared with 19.25 in 1963.

The following table shows the comparative figures for the past five years :—

	1960	1961	1962	1963	1964
Urban ... ..	19.04	18.09	18.82	18.64	18.97
Rural ... ..	18.01	18.35	18.66	19.57	19.74
Administrative County ...	18.36	18.26	18.71	19.25	19.48
England and Wales ... ..	17.1	17.4	18.0	18.2	18.40

## 2. Death Rate

The Death Rate for the year was 10.18 per 1,000 of population as compared with a rate of 11.41 last year. This compared favourably with the rate of 11.3 for England and Wales.

The total number of deaths in the County during 1964 was 5,393 and chief causes of death are shown in the following table.

	Urban		Rural		Whole County		Percentage of total deaths		
	No.	Rate	No.	Rate	No.	Rate	Urban	Rural	Whole County
Heart Disease	692	3.94	1,148	3.24	1,840	3.47	36.15	33.00	34.12
Cancer	337	1.92	665	1.88	1,002	1.89	17.61	19.11	18.58
Vascular lesion of nervous system	246	1.40	494	1.40	740	1.40	12.85	14.20	13.72
Pneumonia	123	0.70	182	0.51	305	0.58	6.43	5.23	5.66
Bronchitis	79	0.45	118	0.33	197	0.37	4.13	3.39	3.65
Other Circulatory Diseases	89	0.51	161	0.45	250	0.47	4.65	4.63	4.64
Accidents	60	0.34	137	0.39	197	0.37	3.13	3.94	3.65

### 3. Infantile Mortality

The Infant Mortality Rate for the County was 17.0. The rate for England and Wales for the same period was 20.0, the lowest ever recorded.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1956	52	21.3	94	19.1	146	19.8	23.7
1957	57	22.1	112	22.4	169	22.3	23.1
1958	59	22.1	99	18.6	158	19.8	22.6
1959	54	19.3	90	16.8	144	17.7	22.2
1960	48	15.5	108	18.8	156	17.7	21.9
1961	59	19.2	113	18.7	172	18.9	21.6
1962	79	24.4	108	17.1	187	19.6	21.6
1963	60	18.5	122	18.0	182	18.2	21.1
1964	55	16.5	121	18.2	176	17.0	20.0

## SECTION B

### GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

#### 1. Laboratory Facilities

(a) A Public Health Laboratory Service was established in Gloucester, but was not fully operational by the end of the year.

(b) REPORT OF E. G. WHITTLE, ESQ., B.Sc., F.R.I.C., PUBLIC ANALYST

#### SUMMARY OF EXAMINATIONS

Milks	....	....	....	....	956
Food and Drugs	....	....	....	....	936
Waters and Swimming Baths	....	....	....	....	160
Fertilisers and Feeding Stuffs	....	....	....	....	158
Miscellaneous	....	....	....	....	139

Total .... 2,349

#### Atmospheric Pollution

Lead Peroxide	....	....	....	....	33
Deposit Gauge	....	....	....	....	36
Spectrophotometric Analyses	....	....	....	....	156
Chlorination visits and inspections	....	....	....	....	157
Merchandise Marks Act	....	....	....	....	1

Total .... 383



This is a grand total of 2,732, the highest yet recorded with notable increases in milk sampling, over 100 more, Food and Drugs 250 more, Miscellaneous analyses doubled and likewise Spectrophotometric Analyses and Chlorination matters also both doubled as compared with 1963 figures, itself a record year.

Atmospheric pollution examinations are practically stable. Examinations at the Kingswood No. 2 site have continued throughout the year. Check observations have been made on Smoke Stains, which are still required by Dursley and Stroud authorities and these numbered respectively 313 and 323 days observations at these sites.

#### SUMMARY OF MILK ANALYSES

The table below represents a remarkably satisfactory state of affairs in respect of compositional quality of milk in the County. Of 730 ordinary milks, including M.M.B. Contract, two only were fat deficient and two only contained added water. Of 117 M.M.B. Contract samples, i.e. School Milks, two only were low in solids not fat. Of 226 Channel Island Milks, one only was deficient in fat with four samples just failing to make 4 per cent requirement. Only 10 samples of the total 956 showed abnormal solids not fat figures, i.e. less than 8.5 per cent but without signs of added water.

Total Milks	....	....	....	....	....	956
Fat deficiencies	....	....	....	....	....	2
Added water	....	....	....	....	....	2
Abnormal solids not fat	....	....	....	....	....	6
Poor quality—just less than 3 per cent	....	....	....	....	....	3
Channel Island, satisfactory	....	....	....	....	....	226
Channel Island, unsatisfactory	....	....	....	....	....	1
Channel Island, poor quality	....	....	....	....	....	4
Formal milks	....	....	....	....	....	610
M.M.B. Contract	....	....	....	....	....	117
M.M.B. Contract, low solids not fat	....	....	....	....	....	2

#### FOODS, OTHER THAN MILK, WITH IRREGULARITIES

B.5163 Sausage Meat contained sulphur dioxide equivalent to 640 parts per million which is 190 parts per million in excess of the permitted amount.

B.5271 Pork Sausages contained sulphur dioxide equivalent to 530 parts per million which is 80 parts per million in excess of the permitted amount.

C.5201 Beef Chipolatas contained sulphur dioxide equivalent to 220 parts per million in contravention of the Regulations requiring preservative to be declared.

B.5529 Raspberry Jam contained only 63.8 per cent of soluble solids as sucrose instead of 65 per cent for hermetically sealed jams. The average fruit content based on the insoluble solids was only 23 per cent (30 per cent is the minimum). However, this might well be misleading, since in recent years the public demand has been for some de-pipping of seeded jams.

#### COMMENT ON OTHER FOOD AND DRUGS SHOWING POINTS OF INTEREST

A.4851	Cotswold Honey	In satisfactory condition. The pollen grains were from white clover.
A.4896	Foreign body in milk bottle	Two fragments of glass were identified. The larger fitted the lip of the bottle and may have been drawn into the bottle at the time of opening.
C.4930	Bread	Foreign body was a folded portion of a bluish grey coarse wrapping paper.
C.5011	Sugar	Foreign matter consisted of two small empty snail shells being immature forms of the Great Pond Snail.

A number of shandies declared as containing less than 2 per cent of proof spirit were all satisfactory in this respect. Shandies appear to be mixtures of some 30 to 50 per cent of beer with a soft drink.

B.5168	Foreign body in milk	Shown to be a dead mouse some three inches long.
B.5185	Foreign body in Congress tart	Shown to be a 1.1/2 inch snail.
C.5095	Foreign bodies in bread	Identified as four pellets of rodent excreta.
C.5143	Foreign body in cake	Confirmed as the major portion of a cigarette filter tip.
C.5144	Foreign matter in margarine	Consisted mainly of jute fibres with characteristics of coarse fragments of brown cardboard at one end of the half pound pack.

A number of fresh minced beef were free from nicotinic and ascorbic acid as required by the Meat (Treatment) Regulations, 1964.

A.5239	Milk	Contained a piece of photograph negative.
C.5184	Pastry	Contained a tuft of hair about $\frac{1}{4}$ inch long which proved to be bovine hairs.
C.5208	Cydrax	Contained a 3 inch wooden clothes peg.
C.5220	Milk	Contained a pair of pine needles some $3\frac{1}{4}$ inches long derived from the Austrian Pine.
C.5221	Sweet	The sweet in the form of a comfit contained a $\frac{7}{8}$ inch brad.
C.5380	Lime Juice Cordial	Contained both saccharin and cyclamic acid in anticipation of the Soft Drinks Order operative from June, 1965.
C.5302	Dairy Butter Assortment	Consisted of 23 sweets of which 10 contained wholly butterfat. The remainder had no butterfat but were diacetyl flavoured. Vendor warned of the implication of the description including the word "Butter."

A number of sweets labelled as flavoured and with descriptions such as Raspberry and Banana Splits, Strawberry and Cream and Rum and Butter were for the most part synthetically flavoured. Further, most of the descriptions are now undoubtedly blessed or cursed with the tag of long usage and hence the public are not really misled.

A number of lards were examined in relation to anti-oxidants. In several instances where the sample was labelled as "Pure Lard," anti-oxidant was present. Under such circumstances it is considered that the word "Pure" is not justified.

A.5292	Part of a sausage meat pastry	Contained a portion of aluminium foil with a paper lining.
A.5342	Foreign matter in a sausage	Identified as a piece of iron weighing 0.6 gram.
A.5396	Foreign body in vinegar	Contained the vinegar plant formed by the bacillus B Xylinus acting upon dextrose, etc., in the vinegar.
C.5420	Ham sandwich	Contained two fragments of rodent excreta.
C.5421	Bun with foreign body	Identified as a portion of a label with a reinforced eyelet.
C.5422	Bread with foreign body	Identified as a splinter of glass probably of the heat resistant type.

#### WATERS, EFFLUENTS, ETC.

Mains supplies	....	....	....	....	60
Wells, boreholes and springs	....	....	....	....	23
Sewage and trade effluents, streams and surface waters	....	....	....	....	59
Swimming baths	....	....	....	....	4
Miscellaneous	....	....	....	....	14
					<hr/> 160 <hr/>



Of the 83 potable supplies, that is the first two items, 27 were unsatisfactory from various chemical aspects.

#### MISCELLANEOUS

A sample of calves liver showed extensive areas of white spots. These were due to tyrosine and are indicative of prolonged storage and sourness of the livers and their presence warrants condemnation of the liver.

A sample of albumen crystals consisted of 82 per cent protein with traces of magnesium, calcium, sodium and copper.

The filling of a sponge sandwich was in a state of incipient rancidity with an objectionable taste and smell.

Some slices of bread contained foreign matter confirmed as rodent excreta.

A sample of ginger beer contained black specks abraded from the screw cap stopper.

A meat pie showed the presence of an earwig lying loosely in the pie. Its general condition suggested that it was not cooked with the pie.

A doughnut contained a piece of orange yellow coloured gauze like material. This suggested a burn dressing, but later more probably a yellow label from a flour sack.

A wrapped bread was badly overgrown with the fungus of *cospora crustaceae*.

A butter contained a portion of a rubber washer and some dates were infested with the Indian meal moth.

## 2. National Health Service Act, 1946

### (i) HEALTH CENTRE, CHELTENHAM

General Practitioner Consultations	....	....	17,627
Treatment and Casualties	....	....	3,504
Attendances—Child Welfare	....	....	3,979
Ante-Natal and Relaxation	....	....	2,130
			<hr/>
Total			27,240
			<hr/>

### (ii) CARE OF MOTHERS

#### (a) *Expectant and Nursing Mothers*

One thousand nine hundred and eighty-five mothers received Ante-Natal care at the 12 Ante-Natal Clinics. Others were seen by Midwives who hold clinics at their own premises. In addition, 39 Midwives attended clinics held by 38 General Practitioners at their surgeries.

Mothercraft and Relaxation Clinics were held at 40 centres. A new Centre was opened at Moreton-in-Marsh, and an additional session was introduced at Downend for Coalpit Heath and Winterbourne mothers. Classes were increased to weekly sessions at Patchway and Filton and the Stroud Class recommenced during the year. Preparations were made for new Centres to be opened at Stow-on-the-Wold, Lydney and Hambrook.

Number of women who attended during the year :—

Institutional Booked	....	....	....	1,164
Domiciliary Booked	....	....	....	632
Total....	....	....	....	1,796
Total Attendances	....	....	....	10,322

The number of Mothercraft talks given was 1,205. In addition, Parentcraft talks were given to expectant mothers and fathers by a doctor.



(b) *Arrangements for Confinement*

The total number of births notified in 1964 was 10,500, an increase of 387. Notified institutional births numbered 7,540—71.8% (70.9%) and domiciliary births 2,960—28.2% (31.0%). The percentages for 1963 are shown in brackets. While there are still many mothers who prefer to have their babies at home the percentage of home confinements has shown a steady decrease over the past few years. The Perinatal Mortality Survey has underlined the necessity for admission to hospital for confinement in many cases and the fact that early discharge home is now a practical possibility has made more women willing to be admitted for delivery. Careful enquiry is made into the home circumstances of each mother who wishes for an early discharge home to ensure that conditions will be suitable for herself and her baby. Similar enquiries are made when there are no medical reasons why a mother should need to be admitted to hospital for delivery, but it is felt that facilities at home may not be adequate. The numbers of investigations carried out were as follows :—

	1964	1963
(1) Applications for hospital confinement on social grounds	1,997	2,530
(i) Hospital confinement recommended ....	1,690 (84.7%)	2,286 (90.4%)
(ii) Circumstances suitable for home confinement ....	307 (15.3%)	244 (9.6%)
(2) Applications for discharge home after 48 hours for home nursing ....	1,167	318
(i) Circumstances considered suitable ....	965 (82.7%)	269 (84.6%)
(ii) Circumstances considered unsuitable ....	202 (17.3%)	49 (15.4%)
Total social enquiries made ....	3,164	2,848

(c) *Care of Mothers and Illegitimate Children*

There were 581 illegitimate births registered, 103 more than in the previous year. The percentage of illegitimate births increased from 4.72 per cent in 1963 to 5.66 per cent. This is the highest incidence of illegitimate births experienced in this County since 1945 when the closing years of the war produced exceptional figures with 751 illegitimate births, 10 per cent of all births in that year. The recent high figures have increased the work of the Bristol Association for Moral Welfare and the Gloucester Diocesan Council for Social Work, who act as agents for the County Council in the care of the mother and her illegitimate child. Figures received from the Gloucester Diocesan Council for Social Work, which covers the larger part of the County, show that 475 new cases were referred in 1964 for reason of illegitimacy. An analysis of the ages of the mothers whose babies were born during the year shows that of 470 mothers, 78 were 16 years old or under, and 117 were over 21 years. The majority of the mothers came into the 17-21 age group.

*St Catherine's Home, Cheltenham*

Of the 68 unmarried mothers who were admitted 44 were County cases. The average length of stay was 37 days before confinement and 30 afterwards. Members of the staff are concerned about the number of girls in the younger age groups who are getting married as a means of keeping their babies, but without adequate thought for the future.

## (iii) CARE OF CHILDREN

(a) *Home Visiting*

Summary of home visits during the year :—

Children who were born in 1964 ....	11,189
Children who were born in 1963 ....	12,658
Children who were born in 1959-62 ....	24,191
Total	48,038

This compares with 45,907 children under 5 visited in 1963.

No phenylketonuria cases were detected.

The register of children at risk of developing handicapping conditions by reason of some factor in their pre-natal, peri-natal or post-natal history, has been maintained. Special surveillance is kept of these children during home visiting to ensure that any deviation from normal development is detected as early as possible. One thousand, one hundred and ninety-nine names were added to the register in 1964 making a total of 1,893 since it was started in early 1963.

(b) *Child Welfare Centres*

There were 111 static child welfare centres in operation in the County during the year. A new centre was opened in the Spring at Coalpit Heath and its success owes much to the new voluntary committee which was formed. The centre which opened at Windermere Road, Cheltenham, at the end of 1963, made similar good progress. The two mobile clinics served 70 villages.

An overall increase is apparent in the attendances at child welfare centres, both in actual attendances and in the percentage of children in each age group who attend one or more times. There has always been a tendency for visits to the centre to drop off once the child reaches one year of age. It is noticeable, however, that more mothers are continuing to bring their children after they are one. While it is not necessary to bring the older children of the pre-school age group to every session the routine check-up which takes place twice yearly is to be encouraged.

The Voluntary Committees and the helpers at the centres have continued their excellent work, making the centres attractive to the mothers and facilitating their smooth running. May I express my appreciation to the members of the Gloucestershire Federation of Child Welfare Centres for the thought and time they devote to this care for the pre-school child.

The tables below show the statistics for the past two years.

	1964	1963
Number of children who first attended under age of 1 year ....	9,080	8,568
Total number of children who attended ....	27,367	24,490

Total number of attendances :—

Under 1 year ....	74,181	68,522
Over 1 and under 2 years ....	26,304	24,404
Over 2 years and under 5 years ....	32,584	30,714

Percentage of children who attended a welfare centre and were born in :—

	Attended	Live Births	
1964	7,786	10,500	74.15% (72.1%)
1963	7,619	10,001	76.2% (68.5%)
1959-62	11,962	35,618	33.5% (31.5%)

(The figures in brackets give the percentages of children in the comparable age groups in 1963).

(c) *Mothers' Clubs*

A new Mothers' Club was opened at Bishop's Cleeve. The 19 clubs are self supporting and provide a place where mothers can meet for social and educational purposes. All the Clubs have had varied programmes, half of which is devoted to matters relating to physical and mental health. Lists of suggested topics have been sent to the Secretaries of the Clubs by the Health Education Officer who is always willing to help in finding good speakers.



(d) *Distribution of Welfare Foods*

Welfare foods were available at 175 child welfare centres (fixed and mobile), 34 shops, 17 houses, and 19 part-time offices with paid assistance. Distributions were :—

National Dried Milk (Tins)	Cod Liver Oil (Bottles)	Orange Juice (Bottles)	Vitamin A & D Tablets (Packets)
79,084 (80,877)	12,033 (13,032)	137,751 (120,694)	10,961 (11,286)

The 1963 figures are shown in brackets.

(e) *Day Nurseries*

Number of Nurseries	....	....	....	....	3
Number of places	....	....	....	....	113
Average daily attendances	....	....	....	....	107

(f) *Training of Nursery Students*

Training was completed by 16 students during the year, who were all successful in passing the examination of the National Nursery Examination Board.

Fourteen new students out of a total of 62 applicants were accepted for training.

(iv) **RECUPERATIVE HOLIDAY HOMES**

Six mothers went away for a recuperative holiday and were accompanied by twenty-two children. Five children under the age of 5 were also sent.

(v) **PROBLEM FAMILIES**

Nine new families were considered by the Officers' Co-ordinating Committee and 25 old cases continued under supervision. Four mothers, three with their children, went to mothercraft homes to receive training in housecraft and child care. Divisional Medical Officers of Health have also convened meetings in their areas for discussions of problem families.

In November, it was decided that the Central Co-ordinating Committee, originally established in 1951 to ensure co-ordination between departments in the care of problem families, should be replaced by meetings of officers at local level. These meetings, in future, will be convened by Divisional Medical Officers of Health and by the Medical Officer of Health for Cheltenham Borough.

(vi) **NURSERIES AND CHILD MINDERS REGULATION ACT, 1948**

There were 25 registered daily minders, an increase of 2, offering places to 237 children.

In addition, 2 premises are registered as nurseries, making a further 65 places available.

(vii) **INFANT DEATHS**(a) *Neo-Natal Deaths*

There were 125 deaths notified as occurring during the first 28 days of life. Of these 106 deaths occurred during days 0-6, and the remaining 19 deaths between 7 and 28 days.

					0-6 days	7-28 days	Total
Prematurity—							
where this is given as the sole cause					52	—	52
associated with atelectasis					14	—	14
associated with other conditions					10	—	10
Congenital Defects					10	8	18
Cerebral Haemorrhage					3	2	5
Atelectasis					7	—	7
Infections					2	8	10
Haemolytic Disease					—	—	—
Other					8	1	9
Total					106	19	125



The following table shows the Peri-Natal (Still Births and Deaths under one week) and the Neo-Natal Death Rates for the last five years.

	Peri-Natal Death Rate	Neo-Natal Death Rate
1960 ....	25.58	12.89
1961 ....	27.08	13.86
1962 ....	29.98	13.96
1963 ....	22.73	12.70
1964 ....	21.91	11.91

(b) *Infant Deaths*

There were 54 infant deaths between the ages of 1 month and 1 year.

	Place of Death		Total
	Home	Hospital	
Broncho-pneumonia ....	8	8	16
Broncho-pneumonia plus other conditions ....	—	6	6
Bronchitis ....	6	1	7
Asphyxia ....	8	1	9
Congenital Heart Disease ....	—	—	—
Congenital Deformities ....	1	5	6
Gastro-enteritis ....	—	2	2
Meningitis ....	—	2	2
Accident ....	—	—	—
Other conditions ....	—	6	6
	—	—	—
Total ....	23	31	54
	—	—	—

The Infant Mortality Rates for the past five years are as follows :—

	England and Wales	County including Cheltenham	Cheltenham Borough
1960 ....	21.9	17.64	13.18
1961 ....	21.7	18.91	23.58
1962 ....	20.7	19.62	28.19
1963 ....	20.9	18.20	25.52
1964 ....	20.0	17.04	19.37

The tables above show that the steady decline in the Peri-Natal, Neo-Natal and Infant Mortality Rates has been maintained. All the County rates compare favourably with the national figures. It is satisfactory that the Cheltenham Infant Mortality Rate, which had given cause for concern during the past three years has now shown a marked decline.

Together with Bristol and Birmingham, the County continues to take part in a scheme organised by the Ministry of Health to make detailed enquiries into the causes and circumstances of all infant deaths between one month and one year.

(c) *Premature Babies*

There were 662 premature babies born during 1964 and of these 68 were stillborn. The 1963 figures were 670 and 64 respectively.

Four hundred and ninety-six premature babies were born in hospital and of these 423 survived beyond the 28th day. Of the remaining 98 who were born at home or in a nursing home 24 were transferred to hospital before the 28th day. One baby who was transferred to hospital and four who stayed at home did not survive till the 28th day.

Of the 68 stillbirths, 61 took place in hospital and 7 at home.

There are 2 health visitors and 3 midwives specially trained for the care of premature babies. The health visitor and midwife working in the South of the County do so in close co-operation with the Paediatrician and also visit the Premature Baby Unit regularly to see the children who will be discharged to their care. One thousand, seven hundred and ninety-three visits were made to premature babies.

(d) *Illegitimate Infant Deaths*

Sixteen illegitimate babies were stillborn. Eighteen died within the first year, 13 under one week of age, 1 between one week and four weeks, and 4 between one month and one year.

(e) *Stillbirths*

The still birth rate for the past three years has been :—

1962	....	....	....	18.03
1963	....	....	....	11.66
1964	....	....	....	11.87

Thus the decline which was evident last year has been maintained. Out of 121 still births notified, 11 were delivered at home and 110 in hospital.

(viii) *MIDWIFERY AND HOME NURSING*

Staffing again proved to be the outstanding problem of the year. There were several periods of near crisis followed by temporary improvement. At the end of the year the position became a little easier and vacancies were reduced to six for District Nurses and four for Area Relief Nurses. The strain placed on many nurses who kept the service going cannot be over emphasised—credit is due to those who carried double burdens for considerable periods.

Vacant nurses' houses have also proved a growing problem and vandalism in one case necessitated costly replacement and repairs. Some vacant houses have been let on a short term basis to other categories of staff. New houses were completed at Woodchester and Huntley and a pair of flats was completed at Berkeley. Both flats and the Woodchester house remain unoccupied.

More nurses are taking advantage of the Council's Loan Scheme for car purchase so that it has been possible to reduce the nursing car fleet still further.

There are 89 District Nursing Associations affiliated to the County Nursing Association.

(a) *Nursing Staff*

On the 31st December the staffing position was as follows :—

				Whole Time	Part Time	Total
County	....	....	....	138	9	147
Cheltenham	....	....	....	26	5	31
				—	—	—
Total	....	....	....	164	14	178
				—	—	—

Twenty-four midwives attended statutory Midwifery Refresher Courses and a further 12 members of the staff who have less than 12 deliveries a year attended a practical refresher course accompanied by 4 new members of staff who had not done any practical midwifery for several years. One nurse attended a Part 1 Midwifery Course and three attended Health Visitor Refresher Courses. Five midwives attended courses in Parentcraft, Group Teaching and Relaxation and a further 16 attended a similar course arranged

in this County for our own staff. The Queen's District Training was completed by four nurses. Twenty-seven pupil midwives received domiciliary Part II training with district teaching midwives.

### *Record of Year's Work*

<i>Cases</i>	General cases brought forward from 1963	....	2,337
<i>New General Cases</i>	(including cases aged under 5, or 65 and over at first visit)	....	8,497
	Women Delivered—booked by Doctor	....	2,876
	not booked by Doctor	....	11
	Discharges from Hospital before 10th day	....	2,317
	after 10th day	....	86
	Total	....	13,787
<i>Home Visits</i>	Total of General Visits	....	257,230
	Women Delivered—booked by Doctor	....	46,911
	not booked by Doctor	....	117
	Ante-Natal—Home Bookings	....	26,347
	Hospital Bookings	....	7,296
	Discharges from Hospital before 10th day	....	16,746
	after 10th day	....	405
	Ineffective	....	6,673
	Total	....	361,725
<i>Clinic Sessions</i>	Ante-Natal and Post-Natal	....	3,564
	Mothercraft	....	749
	Women's Welfare	....	36
	Child Welfare	....	860
	Total	....	5,209
<i>Public Health</i>	Total of all visits made as Health Visitor	....	22,719
	Total sessions attended as Health Visitor	....	1,238

### *(b) Puerperal Pyrexia*

The 61 cases of Puerperal Pyrexia investigated during the year were found to be attributable to the following causes :—

	Home	Hospital	Total
Genital tract infection	2	5	7
Urinary tract infection	2	10	12
Mastitis	4	4	8
Cause not known	7	16	23
Other	7	4	11
	—	—	—
	22	39	61
	—	—	—



(c) *Maternal Deaths*

There were four deaths during the year associated with pregnancy.

(d) *Report of the Local Supervising Authority*

At the end of the year 249 midwives were practising in the Authority's area and 133 of these were employed by voluntary bodies. One hundred and twelve were employed by Hospital Management Committees, and 4 were in private domiciliary practice.

(i) *Deliveries attended by Midwives*

	Domiciliary	Institutional	Total
Employed by voluntary organisations ....	2,889	—	2,889
Employed by Hospital Management Committees ....	—	5,041	5,041
In private practice ....	4	—	4

(ii) *Medical Aid under Section 14(i) of the Midwives Act, 1951*

Domiciliary ....	355
Cases in Institutions ....	159
Total ....	514

(e) *Incontinence Pads*

On the recommendation of the Minister of Health, the Council agreed to provide incontinence pads as part of the arrangements for home nursing. Apart from the benefit to patients and the reduction in the laundering of soiled bed linen, the pads are convenient and time saving to the district nurses, making it possible to nurse at home some patients who would otherwise have to be admitted to hospital. The supply is restricted to old age pensioners, and patients in receipt of national assistance or sick benefit. Whilst the normal supply is two pads a day, this may be increased to four with the approval of the County Nursing Superintendent. Since the scheme commenced in July, however, relatively few requests have been received for more than two pads per day.

Soiled pads are burnt wherever possible, but Polythene bags are provided where necessary so that the ordinary refuse collection can be used. No charge is made for the service and pads are also issued through the Home Help Service where patients are not receiving domiciliary nursing.

## (ix) DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

*Report of the Chief Dental Officer**Staff*

At the end of the year the total number of dental officers (20 whole-time and 7 part-time) was precisely the same as on 31.12.63. This gave a total whole-time equivalent of 22.4 officers. Failure to increase the scope of the Maternity and Child Welfare service and the expansion of the school dental service resulted in only 4% of the total time available being spent on mothers and pre-school children, equivalent to the employment of slightly less than one whole-time officer. This subject is discussed in more detail later.

The total number of sessions worked (9,361) showed an increase of 2.5% over 1963. The average staff level for the year can therefore be considered as that much higher than the previous year. Mr Stone succeeded Mr MacLachlan as area dental officer for Cheltenham Borough, and Mr Jones was appointed as area dental officer for the south of the County. Two new dental auxiliaries joined the staff on 1.1.64, and a hygienist was appointed in Cheltenham in September.

### *Treatment of Expectant and Nursing Mothers*

In common with most of the country, the number of mothers treated dropped again in 1964. During the year 36 fewer mothers were treated than in 1963 (a drop of nearly 10%) and compared with 1957 the drop is of the order of 40%. As mentioned last year, it is not known to what extent mothers are being treated by general practitioners. The increased number of patients availing themselves of the general dental service suggests that more mothers will be receiving treatment.

The pattern of treatment shown in Table A below is encouraging. During the last two years extractions have been less than half the average for the previous five years and dentures have been little more than half. Fillings appear to remain fairly constant. These findings are broadly in line with those for school children.

### *Inspection and Treatment of Pre-School Children*

Last year I reported that, from the figures available, 7.8% of children aged 3 and 4 years were inspected and only 5% of those aged 2 - 4 years inclusive, while not more than 13% of those needing treatment received it from any service. The figures for 1964 show little change except for a 2% drop in numbers inspected. The pattern of treatment for the pitifully small number of children treated is very good, as seen in Table A. It will be noted that fillings exceed extractions by 36%, whereas, on the average, of 1958 - 1962, extractions exceeded fillings by 93%.

*Table A—Treatment per 100 Patients*

	Mothers			Children under five	
	Fillings	Extractions	Dentures	Fillings	Extractions
1964 ... ..	171	130	32	150	110
1963 ... ..	177	130	38	156	111
Average 1958 - 1962 ... ..	167	306	55	86	178

For the last three years a record has been kept at school dental inspections of the number of children aged five years free from decay. This figure has shown a slow but welcome rise from 18.9% in 1962 to 19.4% in 1963 and 21.8% in 1964.

The other side of the picture is far less encouraging. For the last two years figures have also been kept for the 5 year old children with severe decay as evidenced by ten or more decayed, extracted or filled teeth. This figure has risen from 7.9% in 1963 to 10.8% in 1964.

The worst teeth in school entrants are found in the North Cotswold towns and villages and in and around the districts of Stroud, Dursley and Berkeley. Only in Stroud does the increase in those with severe decay appear to have been halted. The best teeth are found in and around Cirencester, where the percentage of children with severe decay is less than one quarter of that in the North Cotswolds, even though the percentage has increased from 2.1 to 4.7. In this area are included the Kempsford and Lechlade districts where 1 p.p.m. of fluoride is found in the water supply. A survey carried out in 1963 in this area showed that five year old children always resident in this area had 60% less decay than even in the "good" areas around. Compared with the whole County the better state of teeth in our fluoride area can be described as startling. If County Councillors could have seen all the five year old children in these two small towns and compared them with an average sample from elsewhere in the County, I cannot believe that they would have not approved fluoridation of water supplies.

A balance sheet might be made out as follows :—credits—more school entrants free from decay and a good pattern of treatment for young children attending clinics ; debits—more school entrants with



severe decay and a pathetically small number of pre-school children ever inspected. Our challenge is the debit side. Only a united effort by doctors, dentists, health visitors and the dental health education team can improve this side of the picture.

#### *Dental Health Education*

The debit side of this balance sheet might be regarded as a verdict that the great effort and the expenditure of money which the Health Committee and the staff of the department have put into dental health education have been wasted. For many reasons this would be a superficial judgment. Firstly, we do not yet know enough about all the factors influencing early decay in young children's teeth. We know that habits such as feeding bottles filled with sweetened liquids left continuously in a child's mouth, and vitamin syrups administered on a spoon or over an extended period of time in an infant feeder, cause gross destruction in certain cases. A national survey planned to take place in 1965 may help to fill the many gaps in our knowledge of the prevalence of different habits and customs in different districts, and their relation to gross decay. Until we have more definite information as to why the prevalence of gross decay in and around Cirencester in school entrants is one-quarter of that in the rest of the Cotswolds our dental health education cannot be as soundly based as it should be.

Secondly, any health education which is concerned with changing the habits of a community must be very long-term. We know that the state of the teeth of a school entrant is largely the result of the care or abuse given to those teeth when they first erupted in the mouth four years earlier. Therefore, even if we had been able in 1964 to persuade the majority of parents to guard against decay in the vital period of the tooth's first months in the mouth, we should not be able to evaluate the results until 1967 or 1968.

Thirdly, there is no control area with which a comparison could be made. Figures are not available elsewhere for school entrants on any scale which would be comparable. We therefore do not know if comparable areas in other authorities have as many school entrants free of decay as in Gloucestershire, or as many with severe decay. Had we not made the effort that we have over the past five or six years, the teeth of school entrants might now be much worse : we do not know. The one thing apparent is that knowledge about dental health and interest in the subject is very much higher than it was. Parents of young children with extensive decay who come to the clinics now tell the dental officers why their children's teeth have decayed, and blame themselves rather than a perverse Fate. At a conference held at Sandywell Park in November, the few people from outside the County who attended were astonished at the knowledge and interest in dental health of all the sections of the Gloucestershire community represented there.

Health education must necessarily be an act of faith. On the intangible side of apparent public knowledge and interest, progress has been made, but until the majority are convinced that teeth are important enough to govern the regime under which young children are brought up, the tangible result of a lower prevalence of decay will not be seen. I have no doubt at all that the visits to child welfare centres of the dental health education team are most valuable, but they only visit the centres once or twice a year. So the main influence must come from those present at every session of the centre—the doctor, the health visitors and the voluntary helpers. If there is failure, as I believe, on the medical and health visiting side, it is nevertheless the dental side that has failed to convince them and gain their whole-hearted co-operation. As I said earlier only a combined operation of all health workers will achieve tangible results.

The main dental health activities in regard to mothers and young children are set out below.

*Table B—Visits for Dental Health Education*

	No. of Centres	Number Visited	No. of Visits
Ante-Natal Clinics      ....      ....      ....	41	3	22
Child Welfare Centres—Fixed      ....      ....	111	109	124
Mobile      ....      ....	65	55	55
Mothers' Clubs      ....      ....      ....	19	2	2



A symposium on Problems of Communication in Dental Health Education organised by the Science Information Service, with the support of the Health Committee, was held at Sandywell Park in November. There were six panels representing doctors and dentists, the local authority, teachers and health workers, voluntary organisations, mass media and pharmacists. Professor Bradford of Bristol wrote a paper which was circulated in advance, and each panel was given a list of points to discuss. Perhaps the two most interesting conclusions were that dental health education deserved a very high national priority, and that the teenagers might well be the group most important to influence as the parents of the next generation.

The tables required by the Ministry are given below, and a table of the work of the dental laboratory. As in previous years, appliances and dentures were made in the County laboratory for the dental staff of the Gloucester and Cheltenham hospital clinical area, and for Gloucester City, in addition to work for the County. The first apprentice was appointed technician on passing his Final City and Guilds examination.

*Table C—Dental Treatment—Number of Patients*

	Number of persons examined during the year (1)	Number of persons who commenced treatment during the year (2)	Number of courses of treatment completed during the year (3)
Expectant and Nursing Mothers ...	380	341	256
Children aged under 5 and not eligible for school dental service	842	618	523

*Table D—Dental Treatment Provided*

	Scalings and gum Treat- ment (1)	Fillings (2)	Silver Nitrate Treat- ment (3)	Crowns and Inlays (4)	Extrac- tions (5)	General Anaes- thetics (6)	Dentures Provided		Radio- graphs (9)
							Full upper or lower (7)	Partial upper or lower (8)	
Expectant and Nursing Mothers	172	586	—	—	465	54	57	52	27
Children aged under 5 years and not eligible for School Dental Service	68	930	407	—	685	270	1	—	14

Table E—Work of the Dental Laboratory

	Ortho- dentic Appliances	Dentures	Repairs and Relines	Crowns and Inlays	Study Models	Other Mechanical Operations	Total No. of Operations
M. & C.W.	—	109	7	—	—	14	130
Total work (inc. M & C.W., School, R.H.B. and Gloucester City)	1,065	512	83	38	2,498	78	4,274

## (x) HEALTH VISITING

The number of qualified health visitors is satisfactory as at the end of the year there were only one and a half full-time areas vacant. One feature has been the increase in part-time working by married health visitors. The gradual absorption of areas formerly covered by District Nurse/Midwife/Health Visitors has led to an increase of full-time staff.

There are now several attachments of health visitors to general practitioners and others are under consideration. Those already working seem to be very well established and it is envisaged that there will be an increase in these arrangements which will be for the benefit of the families served.

The duties carried out by health visitors are constantly under review in order that time may be found for the changing needs of the community, e.g. more group discussion, more visiting of older people. One successful innovation was the appointment of two nurses to assist health visitors in such duties as school medical inspections and in certain visits. The part played by health visitors in the training of colleagues has become more important and arrangements have been made for four to receive special training as field work instructors to the students at the North Gloucestershire Technical College.

One new office for a group of six health visitors was opened in Cheltenham.

In addition to the usual post graduate course arranged by outside bodies and attended by twenty health visitors, a course in the teaching of relaxation to expectant mothers was held at Sandywell Park for health visitors and midwives and a weekend course for health visitors was held at Cowley Manor.

Miss G. E. Brocklebank took up duties on January 8th as the Deputy Superintendent Health Visitor in place of Miss F. E. Fortnam who had become Health Education Officer.

A summary of total visits paid during the year and other activities :—

Total visits	181,443
Attendances at Clinics	6,542
School Sessions, including Medical Inspections, Hygiene Surveys and Visits	5,401
Talks (including those given to Schools and Mothercraft)	1,277
Attendances at Mothers' Clubs	173
Other Sessions	948

*Health Visitors' Training Course*

Fourteen students completed the course which terminated on 3rd July, 1963, and all students successfully passed the examination of the Royal Society of Health. Twelve students were sponsored by the County, ten were appointed as full-time Health Visitors, one of them being appointed to work in Cheltenham, and two terminated their contract of service and returned to the hospital service. One student sponsored by the World Health Organisation returned to Turkey to carry out public health work and one student from Northampton returned to that Authority to complete her contract of service.



Fifteen students were selected to take the present course which commenced on 21st September. Twelve students were selected under the County's scheme and two independent students were accepted, one from Nigeria and one from the Northern Indian Health Service in Canada.

The Training Centre was visited in January and November by officers of the Training Council for Health Visitors. They discussed the new syllabus for Health Visitor Training and future proposals to implement the Council's new rules and regulations relating to theoretical work, practical training, examination procedure and administrative arrangements for the course. They noted that the Health Visitor Tutor had been transferred from the staff of the Health Department to the staff of the North Gloucestershire Technical College.

(xi) VACCINATION AND IMMUNISATION

(a) *Vaccination against Smallpox*

Vaccination	Under 1 year	1 year	2 - 4 years	5 - 14 years	15 years and over	Total
Primary	670	2,416	327	113	63	3,589
Re-Vaccination	—	1	20	29	58	108

(b) *Whooping Cough Vaccination*

Born in Year	1964	1963	1962-60	1959-50	Total
(i) Whooping Cough Vaccination ...	—	—	—	1	1
(ii) Combined Diphtheria/Whooping Cough Prophylaxis ...	3,439	3,978	719	135	8,271
No. of Re-inforcing Injections ...	—	1,656	3,055	783	5,494

(c) *B.C.G. Vaccination*

The acceptance rate of 82.3%, although an increase of 0.5% on 1963, is still not high enough in view of the valuable protection afforded at the time just before children will be likely to be exposed to the risk of infection with pulmonary tuberculosis.

	1962			1963			1964			Grand Total since 1954
	County	Chelt- enham	Whole County	County	Chelt- enham	Whole County	County	Chelt- enham	Whole County	
No. of schools conc'n'd	43	11	54	55	11	66	59	11	70	76
Invited	4,517	1,099	5,616	5,858	977	6,835	5,974	1,035	7,009	63,371
Tested	3,256	745	4,001	4,166	749	4,915	4,600	735	5,335	41,855
Positive	688	228	916	580	91	671	614	113	727	7,320
Negative	2,568	517	3,085	3,586	658	4,244	3,986	622	4,608	34,535
Per cent. positive	21.1%	30.6%	22.9%	13.9%	12.2%	13.5%	13.3%	15.4%	13.6%	17.5%
Vac'n'ted	2,547	517	3,064	3,555	658	4,213	3,946	622	4,568	34,037



(d) *Diphtheria Immunisation*

Born in Year	1964	1960-63	1955-59	1950-54	Total
(i) Number of children who completed a full course of primary immunisations during the year ... ..	3,469	4,769	113	163	9,514
(ii) Number of children who received a reinforcing injection during the year ...	—	5,089	9,237	893	15,219
(iii) Estimated mid year child population	9,910 (under 1 year)	38,190 (1 - 4 years)	79,000 (5 - 14 years)		127,100
(iv) Total number of children who had been immunised by 31st December ...	3,469	29,051	68,070		100,590
(v) Percentage of child population who had been immunised ... ..	35.0	76.1	86.2		79.1

Reinforcing injections showed an increase of 3,691 and 1,663 more primary courses were done as compared with 1963.

(e) *Poliomyelitis Vaccination*(A) *Primary Courses*

	Salk Vaccine (2 Injections)		Oral Vaccine (3 Doses)		Total Protected	
	During 1964	Total Protected by 31.12.64	During 1964	Total Protected by 31.12.64	During 1964	By 31.12.64
(a) Children born in 1964 ...	173	173	1,040	1,040	1,213	1,213
(b) Children and young persons born 1943-63 ...	459	124,723	7,798	22,728	8,257	147,451
(c) Young Persons born in 1933-42 ... ..	8	35,875	334	2,057	342	37,932
(d) Other Priority Groups ...	13	23,818	270	3,177	283	26,995
Total ... ..	653	184,589	9,442	29,002	10,095	213,591

(B) *Reinforcing Doses*

During the year 891 persons received a third reinforcing dose or injection (256 Oral, 635 Salk) making a total of 186,068 since September, 1958. Many of these people received their primary courses in other areas and are not included in (A) above.

Fourth re-inforcing injections or doses in lieu are offered on entering school and also to school children who have not reached the age of 13. Fourth injections were administered to 132 school children and 6,749 had a fourth re-inforcing dose of oral vaccine, making a total of 51,183 since April, 1961.

(f) *Vaccination against Tetanus*

Tetanus toxoid was made available from the 1st April, 1961, in addition to the combined vaccine. As there are large numbers of children who have not been immunised against tetanus, this protection is offered with diphtheria immunisation at school entry and at 8 years.

During 1964 records were received in respect of 3,657 primary courses and 176 maintenance injections with tetanus vaccine. In addition 9,392 children received the protection in primary courses and 10,171 booster doses with combined vaccine.

(xii) *AMBULANCE SERVICE*

TABLE A (cases and mileage during 1964) :—

Patients					Mileage				
(1) Ambs.	(2) Buses	(3) Cars	(4) H.C.S.	(5) Total	(1) Ambs.	(2) Buses	(3) Cars	(4) H.C.S.	(5) Total
78,078	62,397	45,403	41,576	227,454	671,543	228,167	338,615	417,009	1,655,334

446 patients were carried by train during 1964.

TABLE B—Comparative previous totals :—

<i>Year</i>	<i>Patients</i>	<i>Mileage</i>
1950	67,762	1,209,914
1954	137,439	1,114,894
1958	166,415	1,258,390
1962	200,952	1,441,077

These figures include all types of cases carried, among whom are mentally handicapped to training centres (23%), physically handicapped to occupational centres (5%), school children to speech therapy clinics, etc. Accidents and emergencies account for 5% of the total.

Transport to and from hospital out-patient clinics remains the major load (66%) and shows an annual increase.

The voluntary members of the Hospital Car Service, who have conveyed more cases during 1964 are a valued part of the Ambulance Service.

*Stations*

A new Control Station for the central operational area was opened at Paganhill, Stroud. A new Control Station for the southern area was under construction, and will replace the station at Patchway.

*Personnel*

Ninety-three Driver/Attendants and seventeen Telephone Operators were employed at the end of 1964.

*Vehicles*

There were in operational use during 1964, 28 Ambulances, 10 Bus-type vehicles and 13 sitting case cars.

*Civil Defence*

In the Ambulance and First Aid Section of the Civil Defence Corps at the end of 1964 were 510 Volunteers. Twelve vehicles were in service with this section.

## (xiii) PREVENTION OF ILLNESS AND AFTER-CARE

## I. CHIROPODY

It was possible to fill the vacancy for a full-time Chiropodist for South Gloucestershire which existed at the beginning of the year and as a consequence the number of Centres increased by 13 to 103. Twenty-three Welfare Homes and two Homes for the Blind also had regular sessions. The three Mobile Units have been particularly successful but the shortage of qualified Chiropodists continues to restrict the service which can only be provided for the elderly, handicapped people and expectant mothers. At the end of the year 6 whole-time and 6 part-time Chiropodists were employed. A total of 18,204 treatments were given during the year compared with 14,561 in 1963.

Treatments were as follows :—

At Clinics and Centres			Welfare Homes	Blind Homes	Domiciliary Treatment
Elderly	Physically Handicapped	Expectant Mothers			
14,543	208	4	2,282	319	848

## 2. TUBERCULOSIS

At the 31st December, 79 persons were receiving free milk at the rate of two pints per day. In 19 cases the supply was reduced to one pint daily. Apart from the extra assistance given to the tuberculous patient by National benefits, substantial and tangible help is afforded to them by the ten Voluntary Tuberculous After-Care Committees, who raise their own funds. Some of these Committees, in line with the former National Association are extending their help to sufferers with other forms of chest disease and heart disease.

Summary of formal notifications during the year :—

Age Periods	Formal Notifications														
	Number of Primary Notifications of new cases of tuberculosis														Total
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Age un-known	
Respiratory, Males	—	—	2	1	1	6	3	7	14	14	11	4	4	—	67
Respiratory, Females	—	—	—	2	1	5	4	5	7	6	3	1	2	1	37
Non-Respiratory, Males	—	—	1	—	—	—	1	7	3	—	1	2	—	—	15
Non-Respiratory, Females	—	—	—	—	—	1	1	1	5	—	—	—	—	—	8



Persons removed from Register during the year :—

Reason	Pulmonary	Non-Pulmonary	Total
(a) Withdrawal of notification ...	4	—	4
(b) Recovery ... ..	239	39	278
(c) Death ... ..	40	4	44
(d) Left County or no trace ...	87	12	99

At the end of the year the total number of cases recorded in the registers kept by the District Medical Officers of Health was 2,184 (1,677 pulmonary, 507 non-pulmonary) as compared with 2,379 (1,843 pulmonary, 536 non-pulmonary) at the 1st January. Only 12 of the pulmonary and of the non-pulmonary patients died of tuberculosis.

#### *Deaths from Tuberculosis*

Age Period	1959		1960		1961		1962		1963		1964	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
5 to 14 years	—	—	—	1	—	1	—	—	—	—	—	—
15 to 44 years	7	2	5	2	—	1	3	1	2	—	2	1
45 to 64 years	5	2	8	1	8	3	8	1	9	3	5	—
65 years and over	12	2	9	—	13	2	9	—	5	2	5	—
	24	6	22	4	21	7	20	2	16	5	12	1
Totals	30		26		28		22		21		13	

#### *Mass Radiography Service*

The Organising Secretary of the Mass Radiography Service, South Western Regional Hospital Board has provided the following figures for 1964 in respect of sessions held in Gloucestershire.

	Male	Female	Total
Total X-rayed ....	23,291	16,122	39,413
Abnormalities detected ....	201	88	289
No diagnosis yet received ....	15	3	18
Abnormalities—Active tuberculosis ....	16	7	23
Requiring observation ....	4	6	10
Healed tuberculosis ....	23	16	39
Non-tuberculous cases ....	158	59	217

#### *Tuberculosis Welfare*

The arrangements with the Bristol Corporation, whereby Gloucestershire residents who attend the Bristol Chest Clinics in hospitals are supervised by Bristol Welfare Officers continue to work smoothly.

During 1964 37 tuberculous patients and 30 non-tuberculous patients were seen by the Bristol Welfare Officers. Most of these patients were admitted to Ham Green Hospital, where they were followed up weekly by the Social Worker. The care of these patients necessitated the writing of some 90 letters, ranging over a wide variety of problems such as finance, pneumoconiosis, employment and housing. Two of the patients suffered from tuberculous meningitis, and during their stay of nearly 12 months both necessitated a considerable amount of case work.

#### REPORT OF F. J. D. KNIGHTS, ESQ., M.D., M.R.C.P.

##### SENIOR CHEST PHYSICIAN, NORTH GLOUCESTERSHIRE CLINICAL AREA

Eighty-four new cases of tuberculosis in the northern area of the County of Gloucestershire, including Cheltenham Borough, were handled in the Chest Clinic service. They are analysed as follows :—

##### *County*

Haematogenous, including Miliary and Meningeal	....	—
Abdominal, Orthopaedic and Cervical Glands	....	10
Primary or Post-primary Infection	....	8
Minimal Phthisis	....	8
Moderate Phthisis	....	29
Advanced Phthisis	....	7
		—
Total	....	62
		—

##### *Cheltenham*

Haematogenous, including Miliary and Meningeal	....	2
Abdominal, Orthopaedic and Cervical Glands	....	3
Primary or Post-primary Infection	....	2
Minimal Phthisis	....	—
Moderate Phthisis	....	13
Advanced Phthisis	....	2
		—
Total	....	22
		—

Of these 84 cases, 49 were referred from general practitioners, 21 from other hospital departments, 8 from Mass Radiography, 5 were contacts and 1 a routine X-ray. Only 1 of the new cases showed drug resistance, and this was an Italian who was a temporary immigrant.

#### CONTACT EXAMINATIONS

Arising out of 63 County notifications in the clinical area in 1964.

Average number of contacts per case :—Listed 7 ; Seen 5.9.

##### *Adults*

Called 310. Attended 271. Response 87%.

One young woman was found to be tuberculous on initial examination as a contact of her husband.

One young man was clear on his initial contact X-ray, but before his follow-up was due he was referred to the clinic by his G.P. and found to be tuberculous.

##### *Children*

Of 102 children called, 2 did not attend at all.

One was found to have a primary complex in his left lung and was notified.

Two were tuberculin positive and kept under observation.

Five were found to be already under the care of the Paediatrician.

The remaining 92 were healthy and are analysed as follows :—

Tuberculin positive. Age 5 - 11. To G.P. and H.V. for observation	....	....	2
Tuberculin positive. Age 12 - 16. To Mass Radiography follow-up	....	....	3
Tuberculin positive. Previous B.C.G. vaccination. Mass X-ray follow-up	....	....	6
Tuberculin negative. B.C.G. vaccinated	....	....	79
Tuberculin negative. Still awaiting B.C.G.	....	....	2

In addition to the above, 11 adults and 11 children were referred to other chest clinics for action.

REPORT OF R. A. CRAIG, ESQ., B.Sc., M.D., M.R.C.P.  
CONSULTANT CHEST PHYSICIAN, BRISTOL CLINICAL AREA

The sex and age distribution of new cases of pulmonary tuberculosis related to their sputum state for South Gloucestershire residents notified by Bristol Chest Clinic is shown in the accompanying Table. The number of notified cases has not shown any tendency to decline in recent years (1964, 33 ; 1963, 24 ; 1962, 31). As in previous years, the majority of cases occurred in males, particularly with regard to sputum positive cases.

Two new cases of non-respiratory tuberculosis were notified in 1964 : One male with cervical adenitis and 1 male with epididymitis.

One case was returned to the register who was originally diagnosed in 1937 and who was removed from the register in 1957 as unwilling to attend. Although the patient's X-ray showed deterioration his sputum was negative.

There were 11 inward transfers of cases of pulmonary tuberculosis. Of these two were considered to be active but their sputa were in fact negative.

Winterbourne Reception Centre accounted for 2 of the new infectious male cases and for 3 of the quiescent inward transfers.

*New Cases of Pulmonary Tuberculosis in 1964*

Age Group in years	Sputum Negative Cases			Sputum Positive Cases			All Cases		
	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes
0 - 4	0	0	0	0	0	0	0	0	0
5 - 14	3	1	4	0	1	1	3	2	5
15 - 24	1	2	3	2	0	2	3	2	5
25 - 34	1	1	2	3	1	4	4	2	6
35 - 44	1	4	5	2	0	2	3	4	7
45 - 54	0	1	1	2	1	3	2	2	4
55 - 64	2	0	2	1	0	1	3	0	3
65 +	1	0	1	2	0	2	3	0	3
All Ages	9	9	18	12	3	15	21	12	33



ANNUAL REGISTER OF PATIENTS EXCRETING RESISTANT TUBERCLE BACILLI  
IN BRISTOL CLINICAL AREA (1957 - 1964)  
as on 31st December, 1964

Year	Total New Cases	Resistance		Dead	Quiescent	Transferred	Alive and Active	No. on Register 31.12.64
		Primary	Secondary					
1957	44	10	34	23	12	9	0	44 - 1957
1958	31	3	28	16	12	2	1	36 - 1958
1959	29	4	25	6	20	0	3	32 - 1959
1960	16	1	15	8	5	3	0	35 - 1960
1961	20	2	18	5	11	2	2	45 - 1961
1962	15	3	12	3	9	1	2	30 - 1962
1963	13	2	11	0	6	3	4	27 - 1963
1964	10	2	8	0	0	1	9	21 - 1964

- Notes :
- (1) Of 168 patients found to have Resistant Tubercle Bacilli between 1957 and the end of 1963 only 12 are still alive and excreting Resistant Organisms.
  - (2) Ten new cases were discovered in 1964 of whom one has already been transferred so that there were only 21 active resistant cases in the Bristol Clinical Area on 31st December, 1964.
  - (3) Of these 21 cases, 7 are resistant to *one drug*, 10 are resistant to *two drugs* and 4 are resistant to *three drugs*. In 2 cases the resistant organisms are only recoverable from pleural fluid and not from the sputum.
  - (4) Three of the 21 cases come from the Weston-super-Mare region and only 1 new case was discovered from this area in 1964.
  - (5) The first "secondary" case from these resistant cases has now arisen—the son of one of the original 1957 patients, who actually died in 1963, has been found to have primary resistance to P.A.S. and I.N.H.—the same pattern as his father.

### 3. HEALTH EDUCATION

The Report of a Joint Committee of the Central and Scottish Health Services Councils on "Health Education" was published during the year. It recommended a continuation of health education in the fields of immunisation, X-ray campaigns, maternal and child care, personal and food hygiene and mental illness. The Report refers to insufficient health education being directed towards certain groups, notably school children, teenagers, fathers and middle-aged men. Subjects recommended for health education included human relationships, sex education, mental and dental health, the risks of smoking and overweight, recreation, foot health, clean air and fluoridation. A particular obstacle to progress in Health Education is the belief that medicines are necessary to regain or preserve health. This belief obscures the very important contribution which people may make to promote their own health.

In this County a departmental Committee was formed to advise on health education. The Committee includes Medical Officers, a general medical practitioner, a school head teacher and specialists in personal, dental, mental and environmental health.

A very successful training course for personnel interested in health education on "Communication in health education" was held at St Anne's Diocesan House, Cheltenham, in December, which it is hoped can be repeated.

During the outbreak of Typhoid fever in Aberdeen the importance of personal and food hygiene was stressed by the display of posters in all suitable places and by giving talks to groups wherever opportunity offered. Health Exhibitions were arranged at Cinderford, Kingswood and Uley and at Agricultural Shows at Minchinhampton, Stroud and Slimbridge. A home safety committee has been formed in Stroud and this subject has been receiving further emphasis by its inclusion in talks, exhibitions and poster displays. The campaign in emphasising the hazards of cigarette smoking has continued with increased vigour. A local campaign was organised in Dursley in which factories, schools and adult organisations took part. This included a poster competition and ended with a public meeting where a film and talk were given and prizes presented. More schools are taking part in the campaign but adult organisations are not interested and prefer to ignore the subject. Health Education in maternal and child care continues at Parentcraft classes and in Mothers' Clubs. Fathers are showing more interest.

*Number of Talks given :—*

Parentcraft Classes	....	....	....	....	967
Adult Organisations	....	....	....	....	159
Youth Organisations	....	....	....	....	82
Parent-Teachers' Associations	....	....	....	....	5
Old People's Organisations	....	....	....	....	18
Schools	....	....	....	....	182
Schools (Smoking and Health)	....	....	....	....	163

#### 4. GENERAL

##### (a) *Home Nursing Requisites*

The British Red Cross Society and the St John Ambulance Brigade continue to act as the County Council's agents for the temporary loan of articles. The two organisations maintain 71 depots and the voluntary effort expended in administering these depots is a source of much satisfaction. Articles which are required for long periods or permanently are supplied through the Health Department together with the supply of beds, bedding, disinfectants and paper handkerchiefs for tuberculous patients.

##### (b) *Rest Homes*

Patients, including old people in need of rest and recuperation, numbering 244 in the year, have been sent to voluntary administered homes. This figure excludes mothers with young children sent for Mothercraft training, who have been included in the maternity and child welfare section in this report.

##### (xiv) HOME HELP

The growth of population in the south of the County necessitated the appointment of an additional part-time Assistant Organiser.

Less use of casual helpers was made partly because most women prefer regular work, but mainly because of the increase in the number of long term cases helped, which means regular employment can be offered. The number of full-time workers remains little changed but there is an urgent need for recruits to the resident service. Meetings of helps for instruction in different parts of the County have been held. The total number of hours service given during the year has increased by 35,000. The incidence of sickness among the staff is little different from previous years, but most helps now qualify for holiday benefits, and this brings down the overall number of hours service provided in spite of the increase in the establishment.



It will be seen from the figures that the weekly case load showing the continuous cases is up by 10%, and this increase is caused by the unbroken service required for many years by persons over the age of 65 and those who are chronically sick. There is a small increase in the number of new over 65 cases taken on during the year, but the maternity and general sickness cases have gone up from 896 to 957 and 633 to 675 respectively.

For the second year separate records were kept to show homes where help was given because of a mentally disordered person. The increase is unexpectedly low from 16 to 18 only.

The night sitting service shows the lowest figure recorded since the service was started 9 years ago, and it is not anticipated the demand will increase.

The biggest development during the year has been in the use of home helps to assist in child care. The increase in the number of resident cases from 40 to 60 under the heading "others" was due to the provision of residential help where the mother was away because of illness or confinement. Ninety other families involving approximately 300 children were given daily help for the same reasons and as a result the family unit was kept intact. Thirty-one families were given supportive help where the mother had left and was not likely to return, or where the mother had died. In each of these cases the father and other relatives had co-operated, to keep the number of home help hours down to the minimum. Some of these families needed a full-time service particularly when one of the children became ill, but in most cases as few as twenty hours service per week was sufficient to keep the home going. The method of keeping a family together can only be successful if the father or a close relative is completely co-operative and reliable. At least three families where a home help was supplied to care for the children in their own home, owing to the absence of the mother, eventually had to be split up because of the failure of the husband to play his part, or lack of a female relative to assist at weekends, or during the home help's illness. The service gave help at the request of other field workers in the rehabilitation of eleven problem families during the year. It was difficult to recruit helpers for this type of work and long term assistance was not possible. Many of the children in these houses would have needed to be taken into care but for this service. The number of cases investigated where no home help was found to be necessary continues to be very high.

#### *Staff*

Organisers	1 County Home Help Organiser 12 Area Organisers (including one part-time) 1 Assistant Organiser (based at Cheltenham) 3 Part-time Assistant Organisers (equivalent 1.5 full-time)
Home Helps	25 Full-time (including 5 Resident Staff) 1,212 Part-time and Casual

Total number of Home Help hours for year—854,950.

#### *Families Assisted*

	Aged 65 and over	Aged under 65 on first visit				
		Chronics and T.B.	Mentally Disord'd	Maternity	Others	Total
Cases current 1.1.64 ... ..	1,894	217	1	31	122	2,265
New cases occurring during 1964 ... ..	979	121	16	957	675	2,748
Resident cases for 1964 ...	1	—	1	40	60	102
Night sitting cases ... ..	5	—	—	—	6	11
Total for Year ... ..	2,879	338	18	1,028	863	5,126

Families investigated where no help provided : 946.



## (xv) MENTAL HEALTH

The figures quoted in this section are inclusive of the whole County.

1. (a) *Administration*

The Administrative Assistant for Mental Health was seconded to the National Institute for Social Work Training Course, 1964/65, which is limited to senior social workers having administrative responsibilities. The Certificate of Social Work Training is awarded to students who successfully complete this Course.

Four part-time clerical assistants, all capable shorthand-typists, were appointed in the offices of the Senior Mental Welfare Officers. These appointments allow the Mental Welfare Officers to devote more of their time to practical social work. The Southern area includes an estimated population of 160,590. To improve the service the Council has approved the establishment of an additional Senior Mental Welfare Officer and a Mental Welfare Officer, to be separately responsible for the Thornbury Rural District area.

Due to shortage of accommodation in the Charlton Kings and Kingswood Divisional Health Offices, the Mental Welfare Officers for these areas have moved to offices at 23 St George's Road, Cheltenham, and at the Warmley Training Centre, 6 Stanley Road, Warmley.

Three additional Mental Welfare Officers were appointed during 1964—one on completion of a Social Work Training Course.

(b) *Mental Nursing and Residential Homes*

Three Mental Nursing Homes and one residential Home are still included on the Council's register and are regularly visited.

## 2. STAFF

*Social Workers*

The following tables summarise the effect of the Council's intention to secure the highest possible proportion of experienced and qualified staff.

Post held	Certificate in Social Work	Anticipated Recognition as Qualified by Experience	Attending Qualifying Courses	Others	Number Employed
Senior Mental Welfare Officers	—	3	1	3	7
Mental Welfare Officers—					
Full-time	2	1	2	5	10
Part-time	—	—	—	2	2
Totals	2	4	3	10	19

Training Centres Staff	N.A.M.H. Diploma	Qualified by virtue of trade	Attending Courses	Unqualified—Training Centre Service					Totals
				Over 10 yrs.	8 - 10 yrs.	6 - 8 yrs.	4 - 6 yrs.	less than 4 yrs.	
Super-visors	7	—	—	—	—	—	—	—	7
Home Teacher	1	—	—	—	—	—	—	—	1
Assistant Super-visors	7	4	1	6	2	—	3	6	29
Trainee Assist. Super-visors	—	—	2	—	—	—	—	3	5
Totals	15	4	3	6	2	—	3	9	42

Three part-time appointments of qualified Teachers were also made, and one vacancy remained unfilled. These Teachers assist with the continued Social and Educational training of adult subnormal patients.

A One-Day Conference was held in November, 1964, at Hortham Hospital by the kind co-operation of the Hospital Management Committee.

### 3. WORK UNDERTAKEN IN THE COMMUNITY

#### (a) *Mental Illness*

##### (i) COMMUNITY CARE

At the 31st December, 1964, the Mental Welfare Officers were visiting 708 patients as compared with 480 at the end of 1963.

##### (ii) HOSPITAL ADMISSIONS AND DISCHARGES

The Mental Welfare Officers were directly concerned with the hospital admission of 448 mentally ill patients. There was an increase in the number of cases requiring detention.

Informal	....	....	....	184
Observation	....	....	....	105
Treatment	....	....	....	24
Emergency	....	....	....	135
				—
				448
				—

The following table of admissions is based on information kindly supplied by the Secretaries of the Hospitals concerned.

Hospital	Informal	Application and subject to detention	Totals
Horton Road and Coney Hill ... ..	581	182	763
Glenside ... ..	150	17	167
Barrow Gurney ... ..	96	34	130
Littlemore, Oxford ... ..	23	8	31
Totals ... ..	850	241	1,091

During the year 78% of the admissions were arranged on an informal basis ; compared with a percentage of 73% in each of the three previous years.

Applications for detention and treatment, under S.26 of the Act, were completed for only 24 (2.2%) of the patients admitted. In the cases with which the Mental Welfare Officers were concerned applications for emergency admission under S.29 of the Act were necessary for 135 (30.1%) patients, compared with 145 (35.5%) in 1963.

(b) *Mental Subnormality*

(i) COMMUNITY CARE

Two hundred and sixteen new cases (23 more than in 1963) were referred, the majority of these being on an informal basis.

Source of Referral	Subnormal					Severely Subnormal					Totals
	Under 16		Over 16		Total	Under 16		Over 16		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
<i>Local Education Authority</i>											
Unsuitable for education at School ...	6	6	—	—	12	5	5	—	—	10	22
For care and guidance after leaving school ... ..	19	13	34	15	81	—	—	2	—	2	83
<i>School Medical Officer</i>											
As obviously unsuitable for education at school ... ..	—	—	—	—	—	1	1	—	—	2	2
Other Local Health Authorities ...	2	5	10	9	26	3	—	4	3	10	36
On discharge from hospital ... ..	—	—	6	6	12	—	—	1	2	3	15
Police and Courts ... ..	—	—	2	1	3	—	—	—	—	—	3
Others (e.g. By parents, M.W.O's, Children's Officer, etc.) ... ..	6	1	18	19	44	3	6	1	1	11	55
Totals ... ..	33	25	70	50	178	12	12	8	6	38	216



The register at 31st December, 1964, included 1,705 subnormal patients who were normally resident in the County, compared with 1,606 at 31.12.63. The incidence of approximately 3 per thousand population, is comparable with the National average.

Nature of care, treatment and guidance	Subnormal					Severely Subnormal					Totals
	Under 16		Over 16		Total	Under 16		Over 16		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
Receiving care and guidance in the community ... ..	65	40	315	268	688	85	72	156	123	436	1,124
Under Guardianship ... ..	—	—	—	—	—	1	—	3	3	7	7
In Hospital (including patients on leave) ...	9	6	119	111	245	54	23	134	118	329	574
Totals ... ..	74	46	434	379	933	140	95	293	244	772	1,705

During 1964 the names of 70 persons were removed from the register. Three hundred and fourteen were in regular employment, as follows :—

Agriculture	55	Local Authorities	13
Domestic Work	50	Remploy Factories	9
Factories	106	Retail Trades	18
General Labour	52	Other Work	11

Placement has been particularly effective in relation to the Cheltenham Adult Training Centre and “Merrowdown” hostel from which several patients, previously regarded as unemployable, now hold reasonably well-paid posts.

Some concern was felt at the limitation of extended leave, under S.39 of the Act, to a maximum period of six months. In practice it has been found that this period is generally adequate to determine whether a patient may then be regarded as suitable for community care, or whether a further period of hospital treatment and training is desirable.

#### (ii) GUARDIANSHIP

At 31st December, 1964, 7 patients (5 male and 2 female) were under Guardianship. Of these, 6 are in the care of the Local Health Authority, and one in the guardianship of a relative. During the year it was necessary to transfer one patient to hospital. Supervision was continued in respect of a Bristol patient, placed in a Home in Gloucestershire. Holidays were arranged for these guardianship patients.

#### (iii) ASSESSMENT CLINICS

During 1964, 27 appointments (18 new cases and 9 for follow-up) were arranged for Gloucestershire patients at the Bristol Assessment Clinic. At the Gloucestershire Royal Hospital 141 appointments (50 new cases and 91 for follow-up) were made (compared with 90 appointments in 1963) for the 75 patients who attended the Clinic.

## (iv) ADMISSIONS TO HOSPITAL

Hospitals	Informal	Subject to Detention		Total
		On Application	Court Orders	
Stoke Park ... ..	8	3	1	12
Hortham ... ..	5	2	2	9
Brentry ... ..	1	2	—	3
Pewsey ... ..	1	—	—	1
Sandhill Park ... ..	1	—	—	1
Tone Vale ... ..	1	—	—	1
Totals ... ..	17	7	3	27

The number of patients admitted to hospital for long-term care was less than in 1963 when 45 admissions were arranged. The proportion of informal admissions was closely comparable with the percentages of informal admissions of mentally ill patients.

The waiting list of patients requiring long-term hospital care is tabulated below :—

	Male		Female		Total	
	Under 16	Over 16	Under 16	Over 16	Under 16	Over 16
Urgently requiring admission ...	4	4	3	4	7	8
Early admission desirable ... ..	7	5	9	2	16	7
Included in list to cover possible breakdown of present arrangements (e.g. illness of parents, loss of residential employment) ... ..	4	7	3	7	7	14
Transfer from Part III accommo- dation ... ..	—	2	—	—	—	2
Totals	15 (2)	18 (3)	15	13	30 (2)	31 (3)

Included on the waiting list are 8 subnormal children below the age of 5 years ; admission is urgently required for two of these children.

The numbers in brackets refer to the Oxford Regional Hospital Board area.

During 1964, short-term care was arranged for 55 patients, compared with 59 in 1963, 48 in 1962 and 49 in 1961. Thirteen of these patients were afforded temporary care at the " Merrowdown " Hostel.



## (v) TRAINING CENTRES

During 1964 the number of subnormal persons, and particularly the adults, on the Training Centre registers again showed a significant increase as shown in the following table :—

1957	—	271 trainees	1961	—	365 trainees
1958	—	275 trainees	1962	—	394 trainees
1959	—	314 trainees	1963	—	412 trainees
1960	—	355 trainees	1964	—	438 trainees

The Downend Adult Training Centre opened on the 1st September, 1964, and there has been a considerable demand for the new admissions. The Cheltenham Adult Training Centre is, until its proposed extensions are available, unable to accept all the trainees over the age of 16 who are now continuing at the "Eildon" Junior Training Centre.

The new Stonehouse Training Junior and Adult Centre was opened on 1st September, 1964.

The further educational and social training programme commenced in September, 1964, when part-time teachers took up appointments at Cirencester, Downend and Stonehouse. It has not been possible to secure the services of a part-time teacher for the Cinderford Centre.

The Special Care Unit at Warmley now has a waiting list and it is hoped to increase the capacity of this Unit by carrying out minor structural alterations. A limited number of Special Care cases have been accepted at the Cinderford and Stonehouse Centres. Severely handicapped patients over the age of 16 are being retained in the Special Care Units at Junior Centres as there are no facilities for dealing with them adequately at the Adult Centres. The training which can be given is extremely limited in scope and it is a debatable matter as to whether many of those admitted should be considered as needing long term Hospital care, rather than daily admission to a Training Centre.

The following table shows the number of trainees on the registers at the end of December, 1964 :—

Training Centre	Total Number on Register at 31.12.64	Average % Daily Attendance	Number of Adults, (i.e. over age 16)	Full-time Staff
Cheltenham Junior	96	86.2%	26	9
Cheltenham Adult	61	79.6%	61	5
Cinderford	63	85.2%	31	6
Cirencester	41	87.5%	23	4
Stonehouse	59	77.8%	37	7
Warmley	43	87.9%	5	7
Downend Adult	75	83.7%	75	6
Totals	438	84.0%	258	44

The average attendance of 84% is better than the 1963 figure of 80.4%, when weather conditions were severe at times.

An Assistant Supervisor attended the National Association for Mental Health's One Year Diploma Course in London. A trainee Assistant Supervisor is attending the 1964/66 Diploma Course at Bristol. The Training Centre staff, in rotation, are afforded Refresher Courses.

Two further trainee Assistant Supervisors were appointed at the Cinderford and Stonehouse Centres.

On four days each week the Home Teacher takes a group of six patients at Chipping Campden and spends one day weekly carrying out a teaching programme with severely subnormal children in their own homes in Churchdown and Upton St Leonards.

The members of the Gloucestershire Branches of the National Society for Mentally Handicapped Children have again been extremely generous and helpful. All the Centres have greatly appreciated the



financial and practical help of the Society and Parent/Teacher Groups in the organisation of their outings and parties, and in providing recreational equipment.

(vi) HOSTELS

The " Merrowdown " hostel at Cheltenham has continued to maintain a high occupation rate. Staffing is difficult as the duties are onerous and require dedicated and sympathetic personnel to carry them out successfully. Employment has been secured for the majority of the residents and they have been able to meet the agreed maintenance charge, to provide themselves with adequate clothing and to build up savings accounts. The residents unable to hold employment attend the Adult Training Centre.

Most of the residents are offered occasional leave, usually at weekends, with relatives. They enjoyed a weeks holiday in a Hotel at Southsea. The residents met part of the cost of this holiday themselves but generous help was also received from the Gloucestershire Association for Mental Health and the National Society for Mentally Handicapped Children.

Regular meetings are held between the staff of the Hostel, Adult Training Centres, and the Group Disablement Resettlement Officer, to secure appropriate employment placements.

(vii) SOCIAL CLUBS

There are now five social clubs—two in Cheltenham, one at Cirencester, one at Stonehouse, and one at Warmley—with a total membership of 280 patients. One of the Cheltenham Clubs caters particularly for the mentally ill but the remainder are primarily for subnormal patients, although the membership of the Stanley Park Social Club includes an appreciable number of ordinary youth club members. They operate on an entirely voluntary basis but the Training Centre and Mental Welfare Officer staff take an active part in their administration.

4. PUBLIC RELATIONS

The Gloucestershire Branch of the National Association for Mental Health has again been of great help. The Branch is inspired by the enthusiasm of the Acting Honorary Secretary. There are now 200 members. The Branch has issued a printed pamphlet detailing the Mental Health Services available in Gloucestershire.

5. FUTURE MENTAL HEALTH SERVICE

Plans are being prepared for an Adult Training Centre at Cinderford and for a new Training Centre at Thornbury. Within the near future it is hoped to extend the availability of special care facilities to the Cinderford and Stonehouse Training Centres, and it is proposed to include a Special Care Unit in the new Thornbury Centre.

3. National Assistance Act, 1948

CARE OF HANDICAPPED PERSONS

(a) *Blind*

Age at Onset of Blindness of New Cases, 1964 :—

	0	1	2	3	4	5- 10	11- 15	16- 20	21- 29	30- 39	40- 49	50- 59	60- 64	65- 69	70- 79	80- 84	85- 89	90 plus	Total
M	1	—	1	—	—	—	—	—	1	2	3	7	1	6	13	12	9	—	56
F	2	—	—	1	—	—	—	—	—	—	—	5	5	5	30	17	27	7	99
T	3	—	1	1	—	—	—	—	1	2	3	12	6	11	43	29	36	7	155

The total number of Blind Persons in the County was 1,067 as compared with 1,028 in 1963.

There were 155 registrations, showing an increase of 17 on last year, exclusive of transfers from other Counties.

#### RECOMMENDATIONS OF OPHTHALMIC SURGEONS AND CAUSES OF BLINDNESS

Recommendations	Causes		
	Cataract	Glaucoma	Others
(a) No Treatment ... ..	34	8	21
(b) Treatment (Medical, Surgical or Optical) ...	28	14	50
(c) Number of cases which on follow up action have received treatment ... ..	19	13	34

#### Education and Employment :—

Under 2	At Home	...	...	...	...	3
Age 2 - 4	At Home	...	...	...	...	3
	Nursery School	...	...	...	...	1
	Ineducable	...	...	...	...	1
Age 5 - 15	Special School	...	...	...	...	8
	Other School	...	...	...	...	1
	Ineducable	...	...	...	...	11
Age 16 - 20	At School	...	...	...	...	2
21 years and upwards	Undergoing training for sheltered employment	...	...	...	...	1
	Undergoing training for open employment	...	...	...	...	2
	Unemployed subject to training	...	...	...	...	3
	Unemployed but capable without training	...	...	...	...	2
	Workshops for the Blind	...	...	...	...	8
	Homeworkers	...	...	...	...	11
	Gainfully Employed	...	...	...	...	89
Not available	16 - 59	...	...	...	...	64
	60 - 64	...	...	...	...	23
Not capable	16 - 59	...	...	...	...	59
	60 - 64	...	...	...	...	18
Over 65	...	...	...	...	...	757
						<u>1,067</u>

#### Industrial Rehabilitation

During the year five men attended the Industrial Rehabilitation Centre, Torquay. Of these two were found employment, one with his former employer, one is still undergoing training and two are still awaiting employment.



### *Homeworkers Scheme*

One Homeworker died during the year and two men were removed from the Scheme owing to a prolonged period of illness. Two men were admitted to the Scheme during the year although one later left the County. There are now eleven Homeworkers gainfully employed in various capacities such as Basket Makers, Salesmen, Machine Knitters, Piano Tuners, etc.

### *Home Teaching Service*

The Secretary and Senior Social Welfare Officer retired in July and a Senior Social Welfare Officer was appointed. Eight thousand two hundred and two visits have been made during the year by the Social Welfare Officers. Two thousand, one hundred and forty lessons have been given in Braille, Moon and handicrafts to blind people in their own homes. Handicraft classes are held weekly at Coleford, Longlevens, Soundwell and Stroud. There are monthly Social Clubs at Almondsbury, Cheltenham, Cirencester, Cinderford, Kingswood, Stroud and Wotton-under-Edge.

The Gloucestershire County Association for the blind financed two group holidays for blind people at Weymouth. This proved most successful and it is hoped to repeat them next year. In addition many outings for blind persons in the County were held during the year including a particularly enjoyable one for young blind people to Hampton Court.

For the first time, a day for blind and partially sighted children was arranged at Sandywell Park in the Easter holidays ; children from all over the County attended and had an enjoyable time.

The Sales Organiser arranged many sales during the year and due to her efforts an increased number of articles made by the blind both in their own homes and at classes, were sold.

### *Deaf/Blind*

Once again Quarterly Meetings have been held in the County for Deaf/Blind people whose only means of communication is by means of the Manual or by the use of block letters written on their hands. These meetings have proved invaluable to these doubly handicapped people who are usually so isolated. A weekend at Weston-super-Mare organised by the Western Reg. Association for the Blind for this group was also deeply appreciated.

### *Homes*

#### ELLERSLIE, ALBERT ROAD, CHELTENHAM

This home accommodates 37 blind people. The voluntary help given with visits, letter writing and shopping is very much appreciated by the residents. Many of these are able to attend the Social Club held for the Blind in Cheltenham every week.

#### FERNEY HILL, DURSLEY

This home accommodates 23 blind people who need additional care. Many improvements to the home have been made during the year. Entertainments given by outside organisations have been very much enjoyed by the residents, many of whom are not able to go out at all. The interest in the home taken by voluntary helpers in the area is also deeply appreciated by the residents.

### *(b) Partially Sighted*

During the year 32 names were added to the Register making a total of 179, an increase of 16 on the previous year.

TOTAL NUMBER ON REGISTER—AGE GROUPS 31ST DECEMBER, 1964

0 - 1	2 - 4	5 - 15	16 - 20	21 - 49	50 - 64	65 plus	Total
—	2	26	15	39	17	80	179



The following table shows how the Register is compiled :—

Age 2 - 4	At Home or Ineducable	2
Age 5 - 15	{ Special Schools ....	14
	{ Other Schools ....	8
	{ Ineducable ....	2
Age 16 - 20	Undergoing Training ....	1
Unemployed	....	3
Employed	....	41
Not available	....	108
		<hr/> 179 <hr/>

#### NEWLY REGISTERED

0 - 1	2 - 4	5 - 15	16 - 20	21 - 49	50 - 64	65 plus	Total
—	2	1	3	1	5	20	32

#### RECOMMENDATIONS OF OPHTHALMIC SURGEONS—CAUSES OF PARTIAL BLINDNESS

	Causes		
	Cataract	Glaucoma	Others
(a) No Treatment ....	6	1	9
(b) Treatment, Medical, Surgical or Optical ....	3	2	11
(c) Number of cases which on follow up have received treatment ....	2	—	3

#### (c) Deaf

A total of 1,124 visits were made during the year, comprising 26 to under 2 year olds, 402 to 2 to 16, 442 to 16 to 65 and 254 to the over 65 year olds. Eight risk babies were followed up, all of these children came from families where familial deafness was present, and therefore known to the Welfare Officer.

The evening Adult Rehabilitation Class at the Gloucester Royal Infirmary has continued to function weekly throughout the year. Fifteen adults between the ages of 17 and 49 have attended since its inception two and a half years ago, and of these, 9 are still receiving auditory training, and help with extending their vocabulary particularly in the field of their individual work. In November, a member of the G.P.O. staff employed on hearing aid research for the Ministry, came down to the class and fitted 9 adults with an experimental aid, incorporating three tone positions. Two returned these after a months trial and these were then issued to 2 other class attenders. All these have derived far more benefit from this type than from the ordinary issue.

Due to the drop in numbers of working members, the Stroud Deaf Club has changed its meeting from Thursday evening to Monday afternoon, during the winter months.

Cheltenham and District Deaf and Hard of Hearing Club continued to grow and is now covering quite a large area beyond the Borough boundaries.

Forty children received hearing aids during the year from the two main distribution centres in Gloucester and Bristol. All over the age of five years were referred to the peripatetic teacher for the deaf, for follow up and for further training. The Welfare Officer continued to visit the houses of the pre-school children to provide parent guidance. She also sat in on the Assessment and Training Clinics held at the Gloucester Royal Infirmary on alternate Saturdays.

The Welfare Officer accompanied otologists on domiciliary visits to 16 housebound patients, 14 of whom had been visited previously to test with hearing aids.

Enquiries and referrals have been received from General Practitioners, Hospital Consultants, National Assistance Board, Ministry of Labour Officers, and liaison has been maintained with the Welfare and Children's Departments, and Probation Service throughout the year.

The Bristol Institute for the Deaf and the Gloucester Diocesan Association for the Deaf, through their respective Superintendents have, during the year, continued to give a wide variety of social and cultural assistance. Their officers have provided interpretation, especially important both in employment and in relation to births, deaths, marriages, etc., situations where effective communication is so necessary.

The premises of both Institutions in King's Square, Bristol and St Mary's Square, Gloucester, serve their respective areas of the County, giving regular programmes of assistance as well as individual help at any time to the deaf, their families and friends.

The numbers on the register of handicapped persons on the 31st December, 1964, were as follows :—

	Children under age 16	Persons aged 16 - 64	Persons aged 65 and over	Total
(i) Deaf with Speech—Male	13	76	11	100
Female	11	65	35	111
	— 24	— 141	— 46	— 211
(ii) Deaf without Speech—Male	6	42	11	59
Female	4	26	13	43
	— 10	— 68	— 24	— 102
(iii) Hard of Hearing—Male	102	124	223	449
Female	74	198	583	855
	— 176	— 322	— 806	— 1304
	—	—	—	—
Total	210	531	876	1617
	—	—	—	—

(d) *Handicapped (other than Blind, Partially Sighted and Deaf)*

At the end of 1964 the number of cases on the register was 2,561, showing an increase of 63. During the year 313 new cases were referred for help.

	Male	Female	Total
Under 16 ....	177	128	305
16 - 64 age groups ....	808	812	1,620
Age 65 and over ....	215	421	636
	—	—	—
	1,200	1,361	2,561
	—	—	—
Plus T.B.			99
			—
			2,660
			—

Only 9 new cases under 16 were registered, while 29 new cases between the ages of 16 - 64 years were added and 25 over 65 years.

Rheumatoid Arthritis and Osteo Arthritis	....	552
Other Diseases	....	363
Hemiplegia	....	335
Poliomyelitis	....	190
Spastics	....	162
Amputation	....	145
Injuries due to accident	....	144
Disseminated Sclerosis	....	141
Congenital Deformities	....	102
Surgical T.B.	....	95
Heart Diseases	....	93
Bronchiectasis and Asthma	....	78
Parkinsons	....	50
Epileptics	....	45
Muscular Diseases	....	40
Osteomyelitis	....	26
		-----
		2,561
Pulmonary Tuberculosis	....	99
		-----
		2,660

The number of cases of Rheumatoid Arthritis and Osteo Arthritis show a marked increase, 61 new cases being added, while there were 16 new cases of Hemiplegia, and 11 of Disseminated Sclerosis added to the register.

#### *Pulmonary T.B.*

Ninety-nine cases are registered and require occupational therapy, a decrease of 56 on last year's figures, many having returned to work. Only 6 new cases have been added during the year.

#### *Occupational Therapy*

In November a sixth Occupational Therapist was appointed on a part-time basis to run the newly opened Leaholme Occupational Therapy Centre in Cirencester. This Centre was originally a gymnasium and was converted by members of the Cirencester Round Table into an excellent centre and club.

The number of domiciliary visits made by the Occupational Therapists was 4,839 and 394 disabled people received occupational therapy, including instruction in craftwork and help with aids to daily living.

There are now six Occupational Therapy Centres functioning at :—

Little Stoke	....	Half day per week
Soundwell	....	Half day per week
Stroud	....	Half day per week
Cheltenham	....	Half day per week
Forest of Dean	....	Two days per week
Cirencester	....	One day per week

and a total of 88 handicapped people attend these Centres.



### *Social Clubs*

Social Clubs run by members of the British Red Cross Society have increased to six, two new clubs being opened during the year. Clubs now meet in Dursley, Cheltenham, Cirencester, Gloucester, Stow-on-the-Wold and Stroud. At Innsworth St Francis' Day Centre for elderly disabled people, meets fortnightly. The Cirencester Club uses the newly opened premises at Leaholme and now meets weekly. Membership of these clubs continues to increase and they are filling a real need.

### *Disabled Motorists*

To assist in parking, Yellow badges were issued to 26 disabled motorists and 25 had their badges renewed. At the end of 1964 a total of 179 motorists had received these badges and 52 had badges renewed.

### *Holidays*

Holidays have been arranged for many severely disabled people, and many of those attending the clubs were able to go to a holiday camp in Devon.

### *Voluntary Help*

The 8 Area Committees meet regularly and continue to help and encourage the disabled people they visit. With the voluntary funds they raise, the 160 members of these Committees provide many extra comforts and give valuable help not available through the Welfare services.

The many social activities the Committees provide include coach outings, garden parties, and the arranging of special church services. A great deal of help is also given at sales and shows where goods made by the disabled are sold.

#### *(e) Sale of Goods*

The Sales Organiser together with other members of staff arranged 46 sales and 22 talks to various organisations. Once more we participated in an Ideal Homes Exhibition, this time at Gloucester Carnival, held in Gloucester Park for 13 days.

This year for the first time, at the Three Counties' Show at Malvern, the blind and physically handicapped separated from the Rural Industries Marquee, for their own tent nearby. This was financially very successful, the total amount taken at this sale being £272 8s. 3d.

In March we were fortunate in obtaining the use of a large window in Westgate Street for the permanent display of work. This has brought many enquiries and orders.

At Christmas time there was a very successful exhibition and sale in the Vestibule of the Shire Hall. Still further contacts were made with local firms and private individuals who have been most helpful with regard to the disposal of items from stock.

As a result of the increased outlets, orders were taken to the value of £1,531 as compared with £597 in 1963. This, together with the result of sales and talks, made a total of £3,740 compared with £2,666 in 1963.

#### *(f) Welfare Assistants*

The scheme for in-service training continued with the Welfare Department and the Cheltenham Borough Council. Two assistants commenced full-time courses in Colleges of Further Education in September, and one who completed successfully his two years' full-time training in July was appointed as a Mental Welfare Officer. During the year one assistant resigned on medical grounds. At the end of the year four assistants were engaged in the Department on in-service training.

## SECTION C

### DISEASES

#### 1. Infectious Diseases

Notifications of infectious diseases during the year are set out in Table II at the end of this report.

(a) *Diphtheria*

1964 was the eleventh year in succession without a case of Diphtheria.

(b) *Scarlet Fever*

The number of notifications was 235 as compared with 154 in 1963.

(c) *Measles*

There were 3,523 cases notified as compared with 7,217 in 1963.

(d) *Whooping Cough*

The number of cases notified was 324 as compared with 179 in 1963.

(e) *Pneumonia*

There were 43 cases of pneumonia as compared with 92 in 1963. Of these 11 occurred in urban districts and 32 in rural districts. 305 deaths were recorded as compared with 407.

(f) *Influenza*

Although there was no Influenza epidemic in 1964, 33 deaths were recorded as due to or associated with this disease.

(g) *Gastro-Intestinal Diseases*

194 cases of dysentery were reported as compared with 202 in 1963, 37 in urban districts and 157 in rural districts.

(h) *Diseases of the Central Nervous System*

There were no reported cases of anterior poliomyelitis.

(i) *Puerperal Pyrexia*

There was a decrease in the notifications to 60 (73 in 1963).

#### 2. Venereal Disease

REPORT BY A. E. TINKLER, ESQ., M.A., M.D., D.P.H.

Consultant Venereologist, South Western Regional Hospital Board

There was a further slight increase in the number of new patients, resident in the County, who were referred to the Venereal Disease Clinics at Gloucester Royal Hospital, Cheltenham General Hospital and the Bristol Clinics during 1964.

TABLE I

New Cases : All Conditions—Gloucestershire County Residents

1959	....	....	318
1960	....	....	356
1961	....	....	443
1962	....	....	365
1963	....	....	409
1964	....	....	413

In England and Wales as a whole the incidence of early, infectious syphilis continues to rise although the total numbers remain small. Eight cases of syphilis were seen in Gloucestershire residents during 1964



at the clinics listed above compared with three in 1963. Three of the eight cases, all males, were in the early, infectious, stage of the disease. The rest, all female, were in the late or latent stages.

### *Gonorrhoea*

The very disturbing increase in the incidence of gonorrhoea in England and Wales which started in 1955 received its first slight check in 1962 when there was a small reduction in the total number of new cases as compared with the previous year. Unfortunately, the upward trend was continued in 1963 and the total number of new cases seen at the clinics of England and Wales in 1964 was greater than at any time since the war. This is not reflected in the figures for Gloucestershire patients which show no significant change over the previous year.

TABLE 2

Incidence of Gonorrhoea				
Gloucestershire Patients and England and Wales—1955 - 1964				
Year		England and Wales		Gloucestershire
1955	....	....	17,681	45
1957	....	....	24,352	50
1959	....	....	31,320	66
1961	....	....	37,026	93
1963	....	....	35,522	83
1964	....	....	37,500	85

1964 was a disappointing year as compared with 1963 from the point of view of the control of the incidence of syphilis. In 1963 no new case of congenital syphilis was recorded in any age group, and not a single case of early infectious acquired syphilis was seen in a Gloucestershire patient. In 1964 there were three cases of early syphilis and one case of congenital syphilis over the age of 15 years. However, for the 10th year in succession no new case of infantile congenital syphilis (0 - 1 year) was seen.

## SECTION D

### SANITARY CIRCUMSTANCES OF THE COUNTY

#### (i) WATER

The extensions of the piped supplies continued, and bacteriological and chemical examinations were regularly carried out in all areas. The following items of particular interest have been extracted from the reports of the Borough and District Medical Officers.

#### *Charlton Kings Urban District*

One hundred and one new dwellings were connected.

#### *Cheltenham Borough*

Daily examinations of the River Severn water were free from bacteriological and chemical contamination. Intermittent discolouration of final water in supply due to deposited manganese was under investigation. Some 6,889 yards of new mains were laid during the year.

#### *Kingswood Urban District*

Complaints from some householders of black deposits showed these to consist of manganese oxide. The Water Company reported that the deposits, an old source of trouble, were due to the disturbance of mains not normally used, which agitated water in the mains and caused the deposits to escape into the public supply. The interference was only temporary.



*Stroud Urban District*

99% of the inhabited houses are served by the mains supply.

*Dursley Rural District*

During the hot weather there was an increased incidence of discolouration and deposit in the water and the sample results showed the presence of iron and organic deposits. The trouble was widespread but nowhere as bad as at Slimbridge.

A joint meeting between representatives of this Council and the Gloucester Water Undertaking took place at the Ministry of Housing and Local Government in November to discuss this problem. The Ministry appeared to take the view that the problem largely arises in the Council's mains but they were uncertain as to the actual cause of the trouble. The Ministry indicated that they would permit the Council to re-lay part of the Slimbridge mains in P.V.C. and the scheme was being prepared with a view to the work being carried out early in 1965.

*East Dean Rural District*

The increased consumption led to a shortage ; restrictions had again to be imposed towards the end of the year and in December an emergency supply had to be obtained through plastic pipes from the Gloucester Corporation's mains at Westbury-on-Severn.

*Lydney Rural District*

With the development of the District a further source of water is necessary.

*Newent Rural District*

The Gloucester Corporation Undertaking supplies all parishes except for 122 properties which receive compensation water from the Malvern Urban District Council.

*North Cotswold*

All houses in Cutsdean Parish to which the mains supply was available had been connected. Of the 37 parishes in the district 36 have mains water available.

*Tetbury Rural District*

The supply is satisfactory in all parishes except Kingscote and Ozleworth. A scheme for a mains supply from the Tetbury-Babdown source was approved and was due to commence in 1965. There was some trouble with private supplies in Ozleworth, and the National Trust were having works carried out to the borehole supply, which it was hoped would remedy the trouble.

*Thornbury Rural District*

Mains water supplies have been augmented by the laying of new water mains to serve all new developments and the extension of mains to serve existing properties at Badger Lane, Almondsbury. Of the 11,722 habitable properties, 10,069 (96.6%) have been connected. There were complaints of discolouration of mains water in the northern area. In the southern area since the bringing into operation of the Gloucester/Sharpness Canal as a source of water there have been complaints of odour and taste of the supply over wide areas of the southern part of the district.

*Warmley Rural District*

Further mains extensions were completed in the Golden Valley, Newpit Lane, Mount Pleasant and Upton Cheyney areas, resulting in mains water being made available to about 100 additional properties. Very few dwellings are now without a mains supply.

*West Dean Rural District*

Consumption continued to increase, but although 75 million gallons were supplied to the East Dean Council there was no margin between supply and demand.

## (ii) SEWERAGE

*Cheltenham Borough*

The sewerage and sewage disposal arrangements are adequate for the district and work will shortly commence on the relaying of a portion of the main Chelt Sewer where it is situated within the limits of the new Highways Depot at Arle. There has been a surcharging of the Hatherley Outfall Sewer and this is to be investigated.

The Sewage Works extensions are almost completed. To a limited degree gas production has started in the sludge digestion plant, and as soon as bed dried sludge is available, the sludge drying and pulverising plant will be brought into use. Tenders have now been invited for the construction of the Final Effluent Culvert from the Sewage Works to the River Chelt and when this is completed it will allow the works to operate at full capacity.

The installation of a screen washer has been approved and it is hoped to put this work in hand very soon.

*Kingswood Urban District*

The Conham Sewerage Works serving Kingswood and Warmley areas continued to be overloaded. Over one and a half million gallons of sewage passed through the works daily. The works were originally designed in the 1930's for a dry weather flow of half a million gallons. By arrangements with Bristol Corporation, about half a million gallons of crude sewage is passed daily into the City mains at Conham. About one million gallons per day pass through the works for treatment and filtration. The solids are retained and disposed of as sludge. The final liquid effluent is pumped into the City main sewer to assist the flow of the crude sewage which does not pass through the works.

When the Chittening Sewage Works under construction for Bristol Corporation are completed, the Conham Works will close and all sewage will pass via the City sewers for treatment at Chittening. This will be by agreed financial arrangements between the two authorities.

The condition of the main trunk sewer running along the Avon Valley, particularly the parts constructed of steel and carried on piers, has given cause for anxiety for some time. Not only is it overloaded but it is in a poor state of repair and constantly springing leaks. A contract to duplicate this sewer has been approved in the sum of £1,100,000 and work was due to start early in 1965.

The completion of the New Cheltenham Storm Overflow Scheme a year or so ago has considerably improved the drainage of the area and no flooding has occurred since the storm sewer was put into use.

*Mangotsfield Urban District*

The Northern Storm Water Drainage Scheme was completed during the year. No further major works were contemplated.

*Tewkesbury Borough*

The contract was let for a new pumping station in the Cotteswold Road area, which will replace a seriously overloaded ejector. Consultants were instructed to prepare plans for a 100% increase in the capacity of the sludge drying beds.

*Cheltenham Rural District*

The installation of pumps at Dean Farm, Bishop's Cleeve, was completed and sewage pumped to Brockhampton, where the enlargement of the works continues.



Sewers were provided in Up Hatherley and the scheme for sewers and treatment works at Todding-ton was nearing completion.

Work commenced on the sewers and treatment works for Coberley, and a tender was accepted for the Twyning scheme.

#### *Cirencester Rural District*

The transfer of connections from the old system to the new sewerage scheme in Fairford was completed. The work to sewer Kempsford, including the hamlets of Whelford and Dunfield, had reached an advanced stage by the end of the year.

#### *Dursley Rural District*

Good progress was made with the laying of new sewers in the Slimbridge, Cambridge, Stinchcombe and North Nibley areas. Sewage from Slimbridge and Cambridge was to be pumped to the newly enlarged works at Coaley Junction and the new disposal works would receive sewage from North Nibley and the greater part of Stinchcombe. The laying of new sewers at Nympsfield was commenced. Some progress was made with the connection of properties to the new sewers, but it was evident that more progress was being made with owner/occupied high value properties than with the older type of tenanted properties.

#### *East Dean Rural District*

Improvements were carried out at the Soudley works which drains Cinderford. The Huntley scheme was commenced.

#### *Lydney Rural District*

The St Briavels sewerage scheme came into operation and 78 connections were made. Detailed plans were in course of preparation for the Parish of Tidenham.

#### *Newent Rural District*

Work continued on the new sewage works for Newent Town. Schemes for the sewerage of Hartpury, Tibberton and Bromsberrow Heath were considered.

#### *North Cotswold Rural District*

The Bourton-on-the-Hill scheme was completed.

#### *Northleach Rural District*

The Andoversford scheme was completed on the 30th September. Ministry approval was received to the Sherborne scheme.

#### *Sodbury Rural District*

The Yate-Frampton Cotterell link sewer was completed. This connects the drainage systems of Yate and Chipping Sodbury to the head of the existing Frome Valley sewer near St Peter's Church, Frampton Cotterell.

#### *Stroud Rural District*

Work was completed on the Middle Chalford, Brimscombe Hill and Blackness Brimscombe schemes. A new scheme serving Brimscombe, Burleigh and Swells Hill was commenced.

#### *Thornbury Rural District*

The scheme to serve the major portion of Almondsbury Parish made slow progress but was within sight of completion. Extensions to the Thornbury sewers and works to serve the increased population were also nearing completion. The Olveston and Tockington scheme made good progress.



*Warmley Rural District*

The gradual "run down" of the Conham Sewage Works progressed.

No progress was made with the provision of mains drainage in the areas lacking this facility. Conditions substantially worsened in the North Common area, where the ditches and watercourses were in an extremely bad state. It was hoped that a sewerage scheme for this area would proceed with the minimum of delay. It was hoped that work on the new trunk sewer would start during 1965.

A number of private sewers were adopted as public sewers and became vested in the District Council. Six different sites were involved, totalling 15,965 feet of 6 inch, 2,905 feet of 9 inch, and 6,115 feet of 4 inch sewers.

*West Dean Rural District*

The scheme for Bream, Whitecroft, Parkend, Pillowell and Yorkley was still in the planning stage.

## (iii) HOUSING

The table below gives details of slum clearance and new houses and flats completed during the year.

				Slum Clearance				New Houses & Flats Completed	
				Houses				Council	Private Dev.
				Dem.	Closed	Part Closed	Made Fit		
Charlton Kings U.D.	...	...	...	3	2	—	7	—	258
Cheltenham B.	...	...	...	67	23	19	29	110 (31)	368
Cirencester U.	...	...	...	19	3	—	—	77 (20)	86
Kingswood U.	...	...	...	7	2	—	13	35 (25)	130
Mangotsfield U.	...	...	...	—	3	—	11	20 (20)	125
Nailsworth U.	...	...	...	—	7	—	16	—	16
Stroud U.	...	...	...	57	23	2	11	31 (30)	147
Tewkesbury B.	...	...	...	4	2	—	17	55	33
Cheltenham R.	...	...	...	4	2	—	69	33	536
Cirencester R.	...	...	...	6	6	—	33	87 (14)	49
Dursley R.	...	...	...	17	28	—	9	51 (33)	209
East Dean R.	...	...	...	27	19	—	2	34 (4)	88
Gloucester R.	...	...	...	33	11	—	56	64 (29)	431
Lydney R.	...	...	...	2	4	2	3	10	114
Newent R.	...	...	...	—	3	—	47	13	16
North Cotswold R.	...	...	...	1	3	—	15	10 (4)	87
Northleach R.	...	...	...	—	—	—	34	—	18
Sodbury R.	...	...	...	3	4	—	17	140 (45)	860
Stroud R.	...	...	...	25	84	—	38	90 (22)	169
Tetbury R.	...	...	...	—	4	—	—	17 (16)	22
Thornbury R.	...	...	...	28	3	—	62	233	441
Warmley R.	...	...	...	—	9	—	15	35 (20)	196
West Dean R.	...	...	...	31	11	—	2	31 (22)	73
Total	...	...	...	334	256	23	506	1,176 (335)	4,472

The numbers of dwellings built for old people are shown in brackets.

## (iv) FINANCIAL ASSISTANCE TO DISTRICT COUNCILS

For the financial year 1963/64, a sum of £173,529 was contributed towards the cost of water supply, sewerage and sewage disposal schemes under the County Scheme for financial assistance to District Councils.

During the year the Housing Services Committee considered 17 water schemes and 35 sewerage and sewage disposal schemes. The total estimated cost was £55,551 for water schemes and £1,558,760 for sewerage and sewage disposal schemes, as follows :—

## WATER SUPPLY

*Dursley Rural District*

## MILLEND

To augment the water supplies of the district by collecting the water from springs at Spuncombe Bottom (£10,000).

## WATERLEY BOTTOM, NORTH NIBLEY

To supply properties at Waterley Bottom at present supplied from the springs at Spuncombe Bottom (see above) (£2,150).

## STINCHCOMBE HILL

To replace an inadequate existing service to properties near the Golf Club at Stinchcombe. Alternative schemes were submitted either for a water tower or a small reservoir. The latter was considered more suitable and recommended for approval (£5,300).

## WHITE COURT, ULEY AND THE GROVE, CAM

To provide a link main between the Uley and Cam supplies, serving 11 properties on route at a cost of £8,330 for a 4 inch main, or £7,420 for a 3 inch main. The scheme which was required to augment the Uley supply was approved and it was recommended that the 4 inch diameter main be adopted.

## ULEY

To improve the supply to Uley by the provision of an additional feeder main from the White Court reservoir (£1,250).

*East Dean Rural District*

## MAY HILL, LONGHOPE

To serve properties on the western side of May Hill (£3,477).

*Gloucester Rural District*

## THE HAW, TIRLEY

To supply ten properties near Haw Bridge (£1,434).

## LASSINGTON LANE, HIGHNAM

A water main extension to serve existing and future development at Lassington Lane (£512).

## UPPER LEY, WESTBURY-ON-SEVERN

To supply 17 properties at Upper Ley (£4,588). It was estimated that 87% of the water consumption would be for agricultural needs.

*Newent Rural District*

## UPLEADON CROSS TO UPLEADON CHURCH

To replace a 2 inch diameter existing main with a 4 inch diameter main, and to extend the main to Upleadon Cross (£3,683), was considered excessively expensive for the six properties to be newly served, and was not approved.

*Sodbury Rural District*

## ASHWICKE - NAILEY FARM AREA

A water mains extension to serve a smallholding and four cottages (£669).

## ASHWICKE HALL

A water mains extension to serve an Approved School and six other properties (£1,734).

## WICKWAR - WICKS OLDBURY FARM AND FIRING CLOSE FARM

To supply two farms and a cottage (£859).

*West Dean Rural District*

Berry Hill Scheme £1,830

Gloucester Road Scheme £1,285

Poolway Scheme £950

Broadwell/Coleford link main £7,500

Three small schemes to supply small areas of land being developed on the outskirts of Coleford and a link main to augment the water supply in the Gloucester Road and Poolway areas were approved.

## SEWERAGE AND SEWAGE DISPOSAL

*Cheltenham Rural District*

## COBERLEY—SEWERAGE AND SEWAGE DISPOSAL

To provide sewerage for the hamlet of Coberley (£9,100).

## ALDERTON AND GRETTON SEWAGE DISPOSAL WORKS EXTENSION

This scheme was urgently needed to meet the requirements of the Severn River Board, and to permit further development in the area (£7,000).

*Cirencester Rural District*

## POULTON DISTRICT—SEWERAGE AND SEWAGE DISPOSAL

To provide for the sewerage of the villages of Poulton, Ampney St Peter, Ampney St Mary, Ampney Crucis and Driffild and the hamlet of Harnhill (£202,785) was approved subject to the exclusion of a length of sewer serving two properties only at a cost of £1,476.

At a subsequent Inquiry amendments and additions were put forward which would increase the estimated cost to about £250,000 and the scheme was therefore deferred pending more detailed information on the revised proposals.

*Dursley Rural District*

## BRADLEY GREEN, KINGSWOOD—SEWERAGE SCHEME

To serve 20 properties at Bradley Green and Bushford Bridge (£8,200), the proposed sewer to connect to the existing Kingswood Sewage Disposal Works.

## NIBLEY GREEN, NORTH NIBLEY—SEWER EXTENSION

A small extension to the North Nibley and Stinchcombe sewerage scheme to serve 15 properties in the Frog Lane and Isle of Rhy areas of North Nibley (£8,175).

## WORTLEY (WOTTON-UNDER-EDGE) SEWERAGE AND SEWAGE DISPOSAL

A small scheme (£6,500) to serve the hamlet of Wortley, although justified on public health grounds, was deferred and the Rural District Council requested to consider the possibility of a joint scheme with Sodbury Rural District to serve also the village of Aldersley and possibly Hillesley.

## WOTTON-UNDER-EDGE—STORM WATER SEWER

Estimated to cost £5,500 to provide a storm water sewer to serve the older part of Wotton-under-Edge, to relieve the existing overloaded combined sewer was not considered eligible for a grant under the County Scheme. A contribution of £1,000 was made by the County Highways Committee.



## SLIMBRIDGE AND CAMBRIDGE SEWERAGE SCHEME—EXTENSION TO SHEPPARDS PATCH

To provide for the sewerage of properties at Sheppards Patch (£6,115) was approved subject to further consideration being given to possible reductions in costs.

## GREEN STREET, CAM—SEWER EXTENSION

(£1,325) was approved.

*Gloucester Rural District*

## LONGFORD AND QUEENSBRIDGE SEWERAGE

For the replacement of existing surcharged combined sewers at Longford (£134,500), and to provide for a population increase to 2,000. The scheme was approved subject to extension to serve eight houses at Sandhurst Lane.

## WHITMINSTER SEWERAGE AND SEWAGE DISPOSAL

To provide sewerage to the village of Whitminster (£42,420) was approved subject to extension to serve 12 houses at Whitminster Pitch.

## HARDWICKE AND QUEDGELEY SEWERAGE AND SEWAGE DISPOSAL SCHEME

(£190,670) was very urgently required on public health grounds and to permit development of the area. The scheme was approved.

*Lydney Rural District*

## CROSS HANDS AND GROVE LANE, LYDNEY—SEWER EXTENSIONS

This scheme consisted of two separate extensions, the combined estimated cost being £10,148. The part to serve the Grove Lane area was approved, but the part to serve the Cross Hands area was deferred pending an approach to an estate developer, who would benefit by the sewer, for a contribution towards the cost.

## TIDENHAM SEWERAGE AND SEWAGE DISPOSAL

To provide sewerage for the Southern part of Tidenham parish and a disposal works to serve the new area together with an area already sewered (£142,617).

## ALVINGTON AND WOOLASTON (CHURCH LANE)—SEWER EXTENSION

A small sewer extension scheme to serve 8 properties (£3,300) was deferred for further discussions.

*Newent Rural District*

## HARTPURY—SEWERAGE AND SEWAGE DISPOSAL SCHEME

To serve the village of Hartpury was referred back to the Rural District Council with the recommendation that the village should be considered jointly with the village of Ashleworth in the Gloucester Rural District. It was resubmitted as a joint scheme (£38,520) for that part serving Hartpury.

*North Cotswold Rural District*

## LONGBOROUGH SEWERAGE AND SEWAGE DISPOSAL

To serve the built up part of the village of Longborough (£57,030) was approved subject to minor amendments.

## BROADWELL AND EVENLODE—SEWERAGE AND SEWAGE DISPOSAL SCHEME

To serve the two villages to a joint works at Evenlode (£94,200). Consideration was given to a combined works at Stow-on-the-Wold but owing to inadequate dilution in the receiving watercourse at Stow, this proposal was abandoned and the original scheme approved subject to possible resiting of a pumping station at a saving of £1,650.

## LOWER SWELL—SEWERAGE AND SEWAGE DISPOSAL

To serve the village of Lower Swell in conjunction with Broadwell and Evenlode, but in view of the difficulties at Stow-on-the-Wold this alternative was abandoned. The original scheme (£49,700) was approved.

## EBRINGTON—SEWERAGE AND SEWAGE DISPOSAL SCHEME

To serve the village of Ebrington was considered in 1962 when the Rural District Council were asked to make allowances for a 30% population increase at a higher flow rate.

The scheme now submitted incorporating this amendment was approved (£52,500).

## CHIPPING CAMPDEN—SEWAGE DISPOSAL WORKS EXTENSION

At Chipping Campden, urgently needed to meet the requirements of the Severn River Board and to permit future development. The scheme (£60,900) was approved subject to the inclusion of proposals for reducing the quantity of infiltration water reaching the works.

*Sodbury Rural District*

## OLD SODBURY—SEWER EXTENSION

To serve six properties (£195).

## HORTON AND HAWKESBURY—SEWERAGE SCHEME

To provide sewerage to the villages of Hawkesbury Upton, Dunkirk, Horton, Little Sodbury and Little Sodbury End (£164,600). Originally put forward as a small scheme to a disposal works on the Little Avon River, this scheme had been amended and extended several times before the present regional scheme connecting to the Bristol sewerage system was considered.

## WESTERLEIGH VILLAGE—SEWERAGE SCHEME

For 85 houses (£25,545).

## IRON ACTON—SEWERAGE

To serve five properties south of Iron Acton by a connection to the Yate/Frampton Cotterell link sewer (£3,000) was considered excessively expensive, and in the absence of any public health nuisance in the area was not approved.

## KENDLESHIRE—SEWERAGE SCHEME

To 15 properties in the hamlet of Kendleshire (£4,410).

*Stroud Rural District*

## BURLEIGH—SEWERAGE SCHEME

For the area including Bownham Park, Swells Hill and Burleigh (£110,000) was approved.

## SEWER EXTENSIONS AT :—

Randwick (£335)

Selsley (£350)

The Bourne, Brimscombe (£540) Wells Road, Bisley (£260)

Four very small schemes were approved subject to contributions being obtained from owners of the properties involved.

*Tetbury Rural District*

## DIDMARTON AND LEIGHTERTON SEWERAGE AND SEWAGE DISPOSAL SCHEME

To serve 132 properties (£66,300). Originally submitted to serve Didmarton only but following discussions with the River Board and the Ministry of Housing and Local Government the present combined scheme was submitted.

## TETBURY TOWN SEWERS

Following a survey of the Tetbury sewerage system to reduce infiltration, it was found that the renewal of 13% of the sewerage system would relieve the sewers of 75% of the infiltration water. A scheme to carry out this work (£13,500) was approved. Part of the scheme (£2,900) was for surface water drainage only and not approved for grant.



*Tewkesbury Borough*

## COTTESWOLD ROAD AREA—PUMPING STATION

A proposal (£4,500) to provide a small sewage pumping station to replace an overloaded sewage ejector and provide for future development in the area was deferred as the site of the pumping station would interfere with the construction of a new road.

*Thornbury Rural District*

## STONE—SEWERAGE AND SEWAGE DISPOSAL SCHEME

For the built up part of the village of Stone was approved subject to minor technical amendments (£34,000).

## SECTION E

## INSPECTION AND SUPERVISION OF FOODS

## 1. Milk Supply

From the 1st October, 1964, “ Untreated ” replaced “ Tuberculin Tested ” as the special designation for raw milk. This small change represents the culmination and success of the Tuberculosis eradication scheme and of the Specified Area scheme. Virtually all milk produced, whether retailed raw or subsequently heat treated, is from cows which have passed the tuberculin test.

The number of milk pasteurising plants licenced by the County Council fell by three during the year to sixteen.

The following table shows the number of licenced milk dealers at the end of the year :—

(a)	Producer/Retailers (licenced by the Ministry of Agriculture, Fisheries and Food)	129
(b)	Producer/Retailers holding also a licence from the County Council to bottle Untreated milk from other producers	13
(c)	Pasteurising plants (including three also wholesaling untreated milk)	16
(d)	Dairies other than (a) and (c) above	13
(e)	Dealers in prepacked milk	344

In previous years the bulk of the samples taken have been of Pasteurised milk, but towards the end of the year more attention was given to Untreated milk.

The Bacteriologist's reports showed that 1.7% of the samples of Pasteurised milk had not been adequately pasteurised. 2.3% of the samples of Pasteurised milk and 3.5% of the samples of Untreated milk failed the Methylene Blue test for cleanliness of the milk. These results cannot be regarded as satisfactory, but the appointment of two additional milk sampling officers towards the end of the year should ensure improvement in the future. Appropriate action was taken in each case.

One hundred and sixty-two samples of raw milk were examined for *Brucella abortus* by the Milk Ring Test. Those showing a positive reaction (48) were submitted for biological examination for both *Brucella abortus* and Tuberculosis. One sample was reported positive for *Brucella abortus* and appropriate action taken.



## SUMMARY OF MILK SAMPLES

Origin of Samples	Designation	Total Samples Examined	Turbidity Test		Phosphatase Test		Methylene Blue Test			Examined for Tuberculosis			Examined for Brucellosis	
			Pass	Fail	Pass	Fail	Pass	Fail	Void	Pos.	Neg.	Pos.	Neg.	Neg.
Dealers, including Processors	Pasteurised	678	—	—	664	14	664	11	3	—	—	—	—	—
	Sterilised	29	27	2	—	—	—	—	—	—	—	—	—	—
	Untreated	162	—	—	—	—	142	18	2	Nil	48	Nil	162	—
School Milk	Pasteurised	143	—	—	143	Nil	135	8	Nil	—	—	—	—	—
Other G.C.C. Properties	Pasteurised	4	—	—	4	Nil	4	Nil	Nil	—	—	—	—	—
Hospitals	Pasteurised	4	—	—	4	Nil	4	Nil	Nil	—	—	—	—	—
Totals		1,020	27	2	815	14	949	37	5	Nil	48	Nil	162	—

## 2. Report on the work undertaken by Animal Health Division, Gloucester during 1964

I am obliged to Mr A. Wilson, Divisional Veterinary Officer for this report.

### (a) Diseases of Animals Act and Orders

Disease	1964		1963	
	Negative Reports Investigated	No. of Confirmed Cases	Negative Reports Investigated	No. of Confirmed Cases
Anthrax ... ..	181	5	200	15
Foot and Mouth ... ..	2	—	1	—
Fowl Pest ... ..	20	54	16	3
Swine Fever ... ..	54	7	61	9
Tuberculosis ... ..	—	1	—	—

### (b) Milk and Dairies Regulations

The number of herds at 31st December, 1964, is as follows :—

Dairy herds	1,905
Beef herds	1,507
Mixed herds	792
	—
	4,204
	—

During the year 3,211 herd inspections were carried out involving the clinical examination of 169,045 cattle.

### (c) Tuberculous Milk—Veterinary Investigations

During 1964 no reports were received from Medical Officers of Health of tubercle bacilli having been found in bulk milk samples.

### (d) Congenital Bovine Tuberculosis

No cases of Congenital Bovine Tuberculosis were reported by Medical Officers of Health during 1964.

### (e) *Brucella abortus* Infection in Milk

During the year one case was reported to us of illness in a farmer due to *Brucella abortus* infection. We carried out two milk samplings of the herd at an interval of about three months, but on neither occasion were we able to locate a cow excreting this organism.

### (f) Area Eradication Plan for Tuberculosis

During the year 181,545 cattle were tuberculin tested in Gloucestershire ; 199 reactors were disclosed. This represents 0.1% of all animals tested as against 0.12% in 1963. 57% of the reactors had visible lesions of tuberculosis at autopsy (65% had lesions in 1963).

### (g) Free Calf Vaccination Scheme

In 1964, 8,598 calves were vaccinated under the above scheme, the purpose of which is to increase the number of female cattle which are protected against infection with *Brucella abortus*. This figure represents between 50 and 55% of the eligible heifer calves in the County.

*(h) Poultry Stock Improvement Plan*

Under this scheme 97,696 fowls and turkeys were blood tested in 54 flocks in order to detect carriers of *Salmonella pullorum* and *Salmonella gallinarum* infections. Reactors to the test were disclosed in one flock ; this is the first occasion on which reactors were disclosed during the past three years.

*(i) Salmonellosis in Cattle*

During the year one report was received from a Medical Officer of Health of food poisoning in two humans due to *Salmonella brandenburg*. The origin of the infection was pork from a slaughterhouse in the County. Every effort is being made by the Medical Officer concerned and the Chief Public Health Inspector to eradicate this infection from the slaughterhouse, but so far they have not met with success.

*(j) Tuberculosis Order, 1938*

This order has now been revoked and the general provisions of it are included in the new Tuberculosis Order of 1964. Under the new Order one cow was slaughtered in the County in 1964 because it was an open case of lung tuberculosis.

*(k) Slaughterhouse (Hygiene) Regulations, 1958**The Slaughter of Animals (Prevention of Cruelty) Regulations, 1958*

During the year inspections of Slaughterhouses in the County were carried out in conjunction with the Public Health Inspectors of the Local Authorities concerned.

## SECTION F

### MISCELLANEOUS

#### 1. Registered Nursing Homes

At the end of the year there were sixteen nursing homes registered in the County. These homes provide 232 beds for general cases.

#### 2. Survey of Gypsies

A survey of Gypsies and other Travellers in the County was carried out by the County Public Health Officer following a request by the Ministry of Housing and Local Government that sites should be provided where necessary. Fifty-eight families were located comprising 228 persons including 80 children. The matter is being reconsidered as requiring national rather than local action.

#### 3. Food Hygiene

Visits were made to canteens and kitchens under the control of the County Council and where necessary appropriate recommendations were made for improvement.

#### 4. Diseases of Animals (Waste Food) Order, 1957

At the end of the year 70 premises were licenced under this Order. Two new licences were issued and seven premises ceased operation during the year.

#### 5. School Swimming Baths

Frequent visits were made to seventeen school swimming baths and one private pool used by school children. At each visit, field tests were carried out to determine the pH of the water and the level of residual chlorine in the baths. Samples were taken for submission to the Bacteriologist.

A further six baths were under construction at the end of the year.



1964  
TABLE I—BIRTHS AND DEATHS

Districts	Estimated Population	BIRTHS								DEATHS													
		Live Births				Still Births				Total		Under 1 year			Infantile Mortality Rate per 1,000 Live Births	Under 4 weeks				Under 1 week			
		Leg.	Illeg.	Total	Rate per 1,000 Pop.	Leg.	Illeg.	Total	S.B. Rate per 1,000 Total Births	No.	Rate per 1,000 Pop.	Leg.	Illeg.	Total		Leg.	Illeg.	Total	Rate 1,000 Live Births	Leg.	Illeg.	Total	Rate 1,000 Live Births
<b>Urban</b>																							
Charlton Kings	8,210	100	2	102	12.42	1	—	1	9.71	85	10.35	—	—	—	—	—	—	—	—	—	—	—	—
Cheltenham M.B.	74,910	1,250	144	1,394	18.61	21	5	26	18.31	880	11.76	23	4	27	19.37	11	2	13	9.33	10	2	12	8.61
Cirencester	12,640	206	20	226	17.88	1	—	1	4.41	165	13.05	2	1	3	13.27	2	1	3	13.27	2	1	3	13.27
Kingswood	27,640	666	21	687	24.86	5	—	5	7.23	223	8.07	8	—	8	11.64	6	—	6	8.73	6	—	6	8.73
Mangotsfield	24,530	411	19	430	17.53	4	—	4	9.22	232	9.46	5	1	6	13.95	4	1	5	11.63	3	1	4	9.30
Nailsworth	3,760	54	2	56	14.89	—	1	1	17.54	45	11.97	—	—	—	—	—	—	—	—	—	—	—	—
Stroud	18,030	295	19	314	17.42	3	—	3	24.84	208	11.54	7	1	8	19.11	5	1	6	19.11	5	1	6	19.11
Tewkesbury M.B.	6,060	115	10	125	20.63	—	—	—	—	75	12.38	2	—	2	16.00	1	—	1	8.00	1	—	1	8.00
<b>TOTAL U.D.</b>	<b>175,780</b>	<b>3,097</b>	<b>237</b>	<b>3,334</b>	<b>18.97</b>	<b>35</b>	<b>6</b>	<b>41</b>	<b>12.15</b>	<b>1,913</b>	<b>10.89</b>	<b>47</b>	<b>7</b>	<b>54</b>	<b>16.20</b>	<b>29</b>	<b>5</b>	<b>34</b>	<b>10.20</b>	<b>27</b>	<b>5</b>	<b>32</b>	<b>9.60</b>
<b>Rural</b>																							
Cheltenham	35,900	697	38	735	20.47	5	—	5	6.76	311	8.64	11	2	13	17.69	7	1	8	10.88	5	1	6	8.16
Cirencester	14,490	268	12	280	19.32	2	1	3	10.60	137	9.45	7	—	7	25.00	5	—	5	17.86	3	—	3	10.71
Dursley	19,260	311	16	327	16.98	4	1	5	15.06	185	9.61	7	2	9	27.52	4	1	5	15.29	3	—	3	9.17
East Dean	20,990	345	24	369	17.58	5	1	6	16.00	276	13.15	11	1	12	32.52	10	1	11	29.81	9	1	10	27.10
Gloucester	51,040	981	49	1,030	20.18	13	2	15	14.35	512	10.03	16	2	18	17.48	11	2	13	12.62	8	2	10	9.71
Lydney	13,650	253	9	262	19.19	1	—	1	3.80	155	11.36	3	—	3	11.45	2	—	2	7.63	2	—	2	7.63
Newent	8,980	160	5	165	18.37	1	—	1	6.02	91	10.13	—	—	—	—	—	—	—	—	—	—	—	—
North Cotswold	20,430	300	18	318	15.57	2	2	4	12.42	206	10.68	1	1	2	6.29	1	1	2	6.29	1	1	2	6.29
Northleach	7,850	116	10	126	16.05	2	—	2	15.62	76	9.68	3	—	3	23.81	3	—	3	23.81	2	—	2	15.87
Sodbury	51,670	1,135	43	1,178	22.80	21	3	24	19.97	394	7.63	15	1	16	13.58	12	1	13	11.04	11	1	12	10.19
Stroud	28,620	465	20	485	16.95	5	—	5	10.20	295	10.31	7	1	8	16.49	4	1	5	10.31	3	1	4	8.25
Tetbury	6,840	95	9	104	15.20	—	—	—	—	81	11.84	5	—	5	48.08	5	—	5	48.08	5	—	5	48.08
Thornbury	33,940	789	48	837	24.66	5	—	5	5.94	341	10.05	8	1	9	10.75	7	1	8	9.56	6	1	7	8.36
Warmley	22,810	457	12	469	20.56	5	—	5	10.55	182	7.98	9	—	9	19.19	3	—	3	6.40	2	—	2	4.26
West Dean	17,700	292	15	307	17.34	2	—	2	6.47	238	13.45	8	—	8	26.06	6	—	6	19.54	5	—	5	16.29
<b>TOTAL R.D.</b>	<b>354,170</b>	<b>6,664</b>	<b>328</b>	<b>6,992</b>	<b>19.74</b>	<b>73</b>	<b>10</b>	<b>83</b>	<b>11.71</b>	<b>3,480</b>	<b>9.82</b>	<b>111</b>	<b>11</b>	<b>122</b>	<b>17.45</b>	<b>80</b>	<b>9</b>	<b>89</b>	<b>12.73</b>	<b>65</b>	<b>8</b>	<b>73</b>	<b>10.44</b>
<b>County Totals</b>	<b>529,950</b>	<b>9,761</b>	<b>565</b>	<b>10,326</b>	<b>19.48</b>	<b>108</b>	<b>16</b>	<b>124</b>	<b>11.87</b>	<b>5,393</b>	<b>10.18</b>	<b>158</b>	<b>18</b>	<b>176</b>	<b>17.04</b>	<b>109</b>	<b>14</b>	<b>123</b>	<b>11.91</b>	<b>92</b>	<b>13</b>	<b>105</b>	<b>10.17</b>







TABLE II—1964 SUMMARY

Districts	Scarlet Fever	Whooping Cough	Ac. Polio- myelitis		Measles	Diph- theria	Ac. Pneu- monia	Dysentery	Small- pox	Ac. En- Lethargy	
			P	NP						I.	II
<b>Urban</b>											
Charlton Kings ...	—	—	—	—	2	—	—	I	—	—	—
Cheltenham M.B.	15	26	—	—	505	—	3	9	—	—	—
Cirencester ...	4	I	—	—	30	—	6	II	—	—	—
Kingswood ...	9	12	—	—	34I	—	—	II	—	—	—
Mangotsfield ...	4	16	—	—	49	—	—	5	—	—	—
Nailsworth ...	5	6	—	—	30	—	I	—	—	—	—
Stroud ...	7	6	—	—	55	—	I	—	—	—	—
Tewkesbury M.B.	I	—	—	—	6	—	—	—	—	—	—
<b>TOTALS U.D. ...</b>	<b>45</b>	<b>67</b>	<b>—</b>	<b>—</b>	<b>1,018</b>	<b>—</b>	<b>II</b>	<b>37</b>	<b>—</b>	<b>—</b>	<b>—</b>
<b>Rural</b>											
Cheltenham ...	13	16	—	—	400	—	4	—	—	—	—
Cirencester ...	10	I	—	—	64	—	3	I	—	—	—
Dursley ...	13	6	—	—	145	—	—	48	—	—	—
East Dean ...	38	9	—	—	27	—	—	18	—	—	—
Gloucester ...	52	50	—	—	334	—	2	4	—	—	—
Lydney ...	6	2	—	—	19	—	2	—	—	—	—
Newent ...	10	20	—	—	64	—	—	8	—	—	—
North Cotswold ...	I	32	—	—	190	—	4	—	—	—	—
Northleach ...	—	—	—	—	10	—	2	—	—	—	—
Sodbury ...	15	54	—	—	462	—	9	45	—	—	—
Stroud ...	8	9	—	—	133	—	2	2	—	—	—
Tetbury ...	I	2	—	—	12	—	—	3	—	—	—
Thornbury ...	6	4I	—	—	363	—	I	26	—	I	—
Warmley ...	16	15	—	—	163	—	2	2	—	—	—
West Dean ...	II	—	—	—	119	—	I	—	—	—	—
<b>TOTALS R.D. ...</b>	<b>190</b>	<b>257</b>	<b>—</b>	<b>—</b>	<b>2,505</b>	<b>—</b>	<b>32</b>	<b>157</b>	<b>—</b>	<b>I</b>	<b>—</b>
<b>County Totals ...</b>	<b>235</b>	<b>324</b>	<b>—</b>	<b>—</b>	<b>3,523</b>	<b>—</b>	<b>43</b>	<b>194</b>	<b>—</b>	<b>I</b>	<b>—</b>

C.P.—Chicken Pox

# INFECTIOUS DISEASE NOTIFICATIONS

Epidemic Typhoid Fever	Paratyphoid Fever	Erysipelas	Meningo- coccal Infection	Food Poisoning	Puerperal Pyrexia	Ophthal- mia Neonata- l	Tuberculosis			OTHER
							Pul- monary	Meninges and CNS	Other	
—	—	—	—	—	—	—	—	—	—	—
—	—	2	2	5	31	1	21	—	2	—
—	—	—	—	1	—	—	5	—	—	—
—	—	—	1	1	—	—	5	—	—	—
—	—	3	—	8	2	—	5	—	—	—
—	—	1	—	—	5	—	—	—	—	—
—	—	2	—	—	4	—	4	—	—	—
—	—	—	—	—	1	—	—	—	—	—
—	—	8	3	15	43	1	40	—	2	—
—	—	1	1	1	3	—	8	—	2	—
—	—	1	—	1	—	—	1	—	1	—
—	—	—	—	—	—	—	2	1	1	—
—	—	—	1	1	1	—	6	—	1	—
1	—	—	—	—	3	—	8	—	3	—
—	—	—	—	—	3	—	1	—	—	—
—	—	—	—	—	—	—	1	—	—	—
—	—	6	—	4	—	—	2	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	6	1	5	1	—	14	—	2	—
—	—	3	—	—	3	—	4	—	3	—
—	—	—	—	—	—	—	1	—	—	—
—	—	1	—	—	—	—	4	—	3	—
—	—	2	—	1	—	—	9	—	2	—
—	—	2	—	—	3	—	3	—	2	—
1	—	22	3	13	17	—	64	1	20	—
1	—	30	6	28	60	1	104	1	22	—

TABLE III—1964

## CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

Causes of Death		Total All ages	Under 4 weeks	4 weeks & under 1 year	1 -	5 -	15 -	25 -	35 -	45 -	55 -	65 -	75 and over
1	Tuberculosis, respiratory	12	—	—	—	—	—	1	1	3	2	3	2
2	Tuberculosis, other	1	—	—	—	—	—	1	—	—	—	—	—
3	Syphilitic disease	6	—	—	—	—	—	—	—	—	1	3	2
4	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
5	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—
6	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—
7	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—
8	Measles	—	—	—	—	—	—	—	—	—	—	—	—
9	Other infective and parasitic diseases	10	—	1	—	—	—	—	2	—	5	—	2
10	Malignant neoplasm, stomach	115	—	—	—	—	—	1	3	8	22	38	43
11	Malignant neoplasm, lung, bronchus	229	—	—	—	—	—	—	6	25	90	79	29
12	Malignant neoplasm, breast	125	—	—	—	—	—	—	6	18	43	34	24
13	Malignant neoplasm, uterus	41	—	—	—	—	—	—	5	5	10	13	8
14	Other malignant and lymphatic neoplasms	492	—	—	1	4	4	12	20	49	107	144	151
15	Leukaemia, aleukemia	35	—	—	1	—	1	2	7	1	6	9	8
16	Diabetes	46	—	—	—	—	2	—	—	2	3	14	25
17	Vascular lesions of nervous system	740	—	—	—	1	2	2	—	17	88	208	417
18	Coronary disease, angina	1,017	—	—	—	—	1	1	5	66	226	307	393
19	Hypertension with heart disease	87	—	—	—	—	—	—	23	5	16	26	38
20	Other heart diseases	736	—	1	—	—	—	3	7	15	45	134	531
21	Other circulatory diseases	250	—	—	—	—	1	—	6	8	36	59	140
22	Influenza	33	—	—	—	—	—	—	—	1	4	6	22
23	Pneumonia	305	3	22	1	1	1	2	4	12	31	51	177
24	Bronchitis	197	—	1	1	1	—	—	3	7	47	61	77
25	Other diseases of respiratory system	45	—	2	1	—	1	—	1	3	8	11	17
26	Ulcer of stomach and duodenum	40	—	—	—	—	—	—	2	7	7	11	13
27	Gastritis, enteritis and diarrhoea	29	—	2	2	—	—	—	1	2	1	7	14
28	Nephritis and nephrosis	28	—	—	1	—	2	—	1	2	3	7	7
29	Hyperplasia of prostate	32	—	—	—	—	—	5	—	—	3	5	24
30	Pregnancy, childbirth, abortion	2	—	—	—	—	1	1	—	—	—	—	—
31	Congenital malformations	49	28	11	4	—	—	2	—	3	—	1	—
32	Other defined and ill-defined diseases	445	91	6	5	9	14	14	12	39	49	78	137
33	Motor vehicle accidents	84	—	—	3	36	10	10	9	7	7	2	6
34	All other accidents	113	1	7	7	6	2	2	7	8	12	19	41
35	Suicide	49	—	—	—	5	5	5	5	10	7	13	4
36	Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—
Total all causes		5,393	123	53	27	19	72	64	138	323	879	1,343	2,352